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STEPHEN SMITH, M.D.

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Reports from the following Hospitals, Institutions, and Societies, have appeared in this Volume.

Bellevue Hospital, N. Y.
Fort Hamilton Hospital, N. Y.
Home for Sick and Wounded Soldiers, N. Y.
Hospital Ship, Euterpe, Fort Monroe.
Hospitals of Nashville, Tenn.
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Surgical Section New York Academy of Medicine, N. Y.
Vermont Medical Society, Vt.

Original Lectures.

COURSE OF LECTURES
ON
DENTITION AND ITS DERANGEMENTS.

DELIVERED AT THE
NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL
IN THE PRELIMINARY COURSE.
Session 1860–61.

By A. JACOBI, M.D.,
PROF. OF INFANTILE PATHOLOGY AND THERAPEUTICS.

Lecture IX.—Part III.

Eczema—Its Varieties—Etiology—Local and General Causes—Is Dentition a Direct Cause of Eczema—General and Local Treatment—Impetigo—Its Original Identity with Eczema.

You will find that the majority of such remarks as I shall have to make on the connexion between dentition and eczema, are also due to impetigo. I therefore shall speak of eczema alone, expecting to add a few words, towards the end of this lecture, on the latter eruption.

Eczema is a very frequent cutaneous disease, and again, like so many others, consists in a superficial dermatitis, serous exudation taking place on the surface of the cutis. It takes no typical or regular course like most forms of herpes, and spreads over a larger surface than herpes generally does. In this respect, it has been compared to catarrh on the mucous membrane, as in this form of disease also the surface is more affected than the subjacent tissue, the secretion being also copious and spreading considerably and rapidly. In the majority of cases the epidermis is lifted up by the exudation of eczema, and vesicles are formed; not always, however, in the like manner. In the simple eczema, *e. simplex*, or *vesiculosum*, the vesicles are of small size, and not surrounded by inflammation, and extend generally over a large surface. The contents of the vesicles are entirely clear and transparent. In the *e. impetiginosum* the contents are less transparent, more similar to purulent matter, a formation of young cells having commenced in the hitherto liquid and uniform exudation. In another form, *pityriasis rubra*, the exudation is not copious, not even enough so to form vesicles, but it will dry up soon and form scales on the hyperæmic surface. In *e. rubrum* (salt rheum) a similar process takes place; no epidermis is lifted up, no vesicle is formed, and the cutis is denuded of its epidermis, hyperæmic, and moist. In *tinea* (of the head, face, ears, lips, extremities, etc.), or *crusta lactea*, *milk crust*, the exudation is copious enough to form vesicles, the contents of which become dry and hard, and with the admixture of the epidermoidal scales and extraneous accidental matter, form hard, and more or less thick scabs on the surface. Sometimes, also, a thickening of the subjacent cutis takes place, like the swelling of the submucous tissue in chronic catarrhal affections of a mucous membrane.

Crusta lactea, then, is a chronic eczema, and generally not universal, but mostly confined to a single region of the surface, scalp, face, lips, etc. It is almost always a troublesome and tedious affection, is very frequently observed in children, in their first year and later, and frequently believed to be in a direct connexion with dentition. On the scalp (*e. capillitii*), the two forms, *impetiginosum* and *rubrum*, are most common. Vesicles are soon formed, but as fingers and combs will be equally busy in destroying them, they are frequently not noticed. The scalp, then, feels moist to the touch, the hair appears to be glued together, the secretion dries up, and scabs are formed, which together with new secretion, and the bundles of wet and sticky hair, prove a safe depot for dirt of any sort, and a pet refuge for lice. At the same time the cervical glands are found swelled, and even suppurating. This form of eczema, in which hard or soft, thick or thin scabs cover the scalp in the described form, was formerly known by the name of *granulated tinea favosa*, while that form, which, as *pityriasis rubra*, consisted in the formation and ejection of a large number of small epithelial scales, was called *tinea furfuracea*.

In children eczema is almost as frequent on the face as on the scalp. There, again, it assumes the same forms of *e. impetiginosum* and *e. rubrum*. Cheeks and chin appear red, have a brilliant appearance, and after a few small vesicles have been formed and broken, are moist and assume a yellowish color, beneath which the corium is found denuded and moist with serum. It is not necessary to allude to all the names formerly given to different forms and localities of this affection. It is enough to say that the same eruption will show itself on the external ear, on the eyelids, nose and lips, on the shoulders, and almost all the surface of the body, very generally complicated with swellings of the neighboring glands, and always proving, as I have stated already, either a very obstinate eruption, as far as its removal is concerned, or at all events one that is very apt to return after it has been once removed.

We shall approach our subject a little nearer by examining the causes of the eczematous eruptions, for the purpose of ascertaining how far we are justified in assuming a causal relation between eczema and dentition. Immediate irritation of the skin stands foremost amongst the causes of eczematous eruptions; hot temperature from whatever source, *e. caloricum*, influence of the sun, *e. solare*, and of warm baths, and frequently also after repeated cold baths, alternating with warm ones, etc. The "critical eruptions" of hydropathists, so much boasted of by busy doctors, and so much believed in by credulous patients of the "water-cure establishments" belong to this class. The embrocation of salves, especially mercurial, irritation by scratching, and the presence of parasitic animals on or within the skin, are also frequent causes of eczema. Many of the vesicles and pustules found on the skin during the presence of itch, are more due to the busy working of the patient's fingers than to the direct influence of the acarus scabiei. Another cause of eczema authors are in the habit of describing for such forms which are found especially on the lower extremities; they are the result of obstruction in the circulation of the venous blood, and but rarely found except in advanced age, i. e. those years of life in which venous obstructions are common and best known in the form of "abdominal plethora," chronic catarrhs of the stomach and intestines, and hæmorrhoidal swellings of the veins of the rectum. We have to exclude this form from our list, as it is not found in infantile age. But there are other causes of eczema which concern us more than almost any others. The intimate connexion of the skin with all the other organs of the system, includes the necessity of its being directly influenced by internal sufferings of any kind; chronic eruptions are, therefore, the frequent results of constitutional affections, and eczema from such causes is a frequent occurrence. Especially such children as show an excessive liability to exorbitant deposits of fat in the subcutaneous tissue, and those affected with symptoms of rhachitis and scrofula, appear to be the proper individuals for obstinate chronic eczema. This connexion between eczema, scrofula, and rhachitis, is as frequent and sure as that between inflammations of the submucous tissue and scrofula, and between rhachitis and bronchial or intestinal catarrhs. Eczema, therefore, is an almost regular companion of such children as have a white skin and soft and silk-like fair hair, whose bones are backward in their development, whose occiput is soft, and dentition little advanced, who suffer from bronchial and intestinal catarrh (the latter in the forms either of diarrhœa or costiveness), who are cross, peevish, and fretful, show slight symptoms of convulsions while remaining in their general state of health, and sudden exclamations in their sleep, and who, at the same time, show other symptoms of disorder in the organs of digestion, assimilation, and elimination, viz. large stomach, occasional colics and vomiting, and the presence of large amounts of phosphate of lime in the urine. After all, there is no doubt that large numbers of cases of eczema depend on constitutional causes; as is well known, also, that in adult females, eczema is a frequent attendant of chlorosis and other anomalies of menstrual secretion. Even hereditary disposition cannot be entirely denied as one of the causes of eczema, but we have no reason whatever, after the investigations of Hebra, of Vienna, to further believe in the presence of a "herpetic diathesis" in all such cases of eczema which appear unexplainable by either a local or general cause.

I have stated that some cutaneous diseases must be considered as merely local affections, while others are in direct connexion with internal diseases of either local or general character. That, however, dentition, as such, should be the cause of obstinate eczema, I have had no reason to say. It is true that, during the period of dentition, viz. from the sixth to the thirtieth month, eczema is a very common occurrence. Not only, however, will eczema be found before this period, and very frequently so after the third or fourth month, when improper food has had time to show its effects, and irregular development of the cranium, brain, and scalp becomes visible in a number of symptoms; but within the mentioned time fall rhachitis, and the first symptoms of scrofula. The physiological facts to which I have frequently had to resort for the purpose of explaining many symptoms attributed to dentition, i. e. the rapid development of the cranial bones and cavity with the integuments, appear fully to explain why it is, that such children who suffer from hereditary or other predisposition, will suffer from cutaneous affections on those parts which just are the subjects of the most rapid, though in itself normal, development.

The presumed connexion of eczema of the head and face with dentition, has been one of the causes why the treatment of this affection has been neglected as being useless, and its cure condemned as injurious. Not to speak of the supposed or real relation between the same affection and the diseases of internal organs, which also has induced most authors and practitioners to consider eczema of the head and face, at certain times of infantile development, as a *noli me tangere.* This is justified, as far as diseases are concerned, to a certain extent. Good observers have noticed that soon after a sudden suppression of eruptions on the scalp, acute hydrocephalus, laryngitis, bronchial catarrh, and intestinal catarrh would show themselves; while also severe cases of bronchial catarrh would get well after the extensive appearance of eczema of the scalp and face. Nobody can prove, to a certainty, the dependency of these facts on each other, but they show enough to give the impression of there being at least the possibility of a causal correlation between them. At the same time it is desirable to remember, that the sudden suppression of a physiological or pathological secretion, to which the system had been accustomed for a long period, has been observed to be followed by a morbid secretion on some distant part of the organism. As a single instance I allude to the serous secretion of the mucous membrane of the intestinal tract after extensive combustion of the skin; and it may well be possible, that the suppression of an extensive and long continued secretion on the scalp may give rise to internal transudations. Thus, while I consider the majority of cases of eczema, as far as they do not depend on rhachitis and scrofula, as of a mostly local character, I am myself averse, not to removing cranial and facial eczema, but to removing it suddenly. By slowly suppressing a protracted secretion of this kind, we by no means disturb the equilibrium of circulation to any great extent.

To be complete, however, on this very important subject, I ought to add, that our principal modern authority on diseases of the skin, Prof. Hebra, of Vienna, is entirely opposed to considering cutaneous affections of this sort as anything but local. He first urges this point, that the local remedies applied to the skin are by no means local applications only. For it is true that the skin is not only the receiving organ for a number of other diseases (syphilis, hydrophobia, and animal poisons generally), but also, that the uninjured epidermis allows a number of medicaments, mercury, iodine, quinine, to enter the system. At all events, then, cutaneous affections are not repelled into the system, by local applications, to start again in other forms and on other places, but the effect may justly be considered a general one. Be this as it may, Prof. Hebra discards entirely all and every one of the hæmato-cathartic—blood purifying—medicines, purgatives, drastics, herbs, antimonials, baryta, graphyta, sulphur, cantharides, mezereum, viola tricolor, dulcamara, Roob de Laffecteur, Larrey's Syrup, etc. The only internal medicines he ever uses, are arsenic, mercurials, iodine, iron, cod-liver oil, amara, acids, and all such remedies as would have been given in the same case for the dyscrasic affection, no matter whether it was accompanied by a local affection or not.

I have deemed it proper to deviate a little from my subject to give in full the general views on the advisability and practicability of treatment and cure, in case of local cutaneous affections. As to local remedies used by myself in cases of eczema of the head and face, I will briefly add that they are principally alkalies, such as potassa, astringents such as zinc, tannin, and lead, and "alterants" such as white or red precipitate of mercury, saving for my future lectures on the diseases of the skin, as a subject for further investigations, the exposition of their individual indications.

On *impetigo* I have but a few words to say. Originally it is identical with eczema; but it has darker and thicker scabs, and the vesicles show white or yellowish contents. Below the scabs there is generally to be found a collection of purulent matter. I have already stated that there is a transitory development of the eczematous vesicle into the impetiginous pustule in *eczema impetiginosum,* consisting in the formation of a number of young cells in the transparent contents of the eczematous vesicles. That form in which this process commences early, and is general, is called impetigo. Therefore, it is not improper, in my opinion, which however I do not claim as original, to consider eczema and impetigo as one and the same affection, the number of cells that have been formed depending on the vulnerability and general condition of the skin, and general scrofulous disposition. Impetigo, together with glandular swellings and chronic catarrh, are the principal symptoms by which scrofula is identified. As this is so, this form of cutaneous affection deserves greatly more than the former, a general treatment directed against the original disposition and morbid constitution. That dentition is entirely out of the question, as a direct cause of impetigo, I need not add.

Treatment of Gonorrhœa.—Dr. Trask, Assist. Surg. U.S. Army, reports the treatment of gonorrhœa at Camp Downey, California:—At this camp, between the 30th August and 23d September, there were treated 65 cases of gonorrhœa. Of this number, 51 were placed exclusively on the terebinthinate powder, 8 cases on bromide iodine, and 6 cases on the ferri perchlor. The following are the results obtained at this post. Of the 51 cases treated with the terebinthine insp, the average duration of treatment was 6·12 days. The shortest period of any case was 4 days, and the longest period 17 days. With bromide iodine, eight cases were treated. The average duration of treatment was 9·5 days. With ferri perchlor. there were six cases treated, with an average of eight days.

Vermont Medical College Commencement.—The Commencement exercises of the Medical Department of the University of Vermont took place on Monday evening, June 9th. Prof. C. L. Allen delivered an address. Prof. Thayer read the list of graduates, and degrees were conferred by Prof. Torrey, acting President of the University. The class numbers 35, and is the largest graduating class by *two.*

Original Communications.

AMPUTATION OF THE CERVIX UTERI.

BEING A PAPER READ BEFORE THE NEW YORK ACADEMY OF MEDICINE, APRIL 16, 1862.

By A. K. GARDNER, M.D.,

OF NEW YORK.

The almost constant fatality which has attended upon rupture of the uterus, occurring as an accident of parturition, as well as the large percentage of mortality attendant upon those operations which have, as a part of their procedure, opened the peritoneum—either by abdominal incision, or through the uterus interiorly—have made the profession not only to shrink from gastrotomy, ovariotomy, etc., but also from all operations upon any part of the uterus. It is only within a comparatively very recent period that we have ventured to introduce anything into the uterine cavity. The paper which I read to the New York Academy of Medicine, March 3, 1858 (and now forming Lecture xxxiv. of the American edition of Tyler Smith's Lectures on Obstetrics), was the first written statement that many operations might be effected upon and within the uterus with impunity. Even now, there are a very large proportion of the profession, who look upon the introduction of the uterine sound, the stick of nitrate of silver into the uterine cavity, the dilatation of the uterine neck, and the division of the interior os and various strictures of the cervix by the knife, as hazardous and to be reprobated; and yet these operations are of daily occurrence. Following in the same progressive path, I propose now to consider a still further advance in the therapeutical surgery of uterine diseases, and look at amputation of the cervix uteri as a curative operation for prolapsus uteri, for leucorrhœa, and, in fact, for the whole train of symptoms, local and reflected, dependent upon chronic hypertrophy, and induration of the whole or a part of the cervix uteri. Hitherto this operation has been confounded with extirpation of the uterus. The body and the neck of the uterus were considered only as descriptive appellations of two portions of the same organ, any interference with one of which was judged to be as disastrous in its results as with the other; and now, when anatomical research has demonstrated incontestably the division of the hollow organ, so long known as the uterus, into two portions, the neck and body, the errors and prejudices of the past still remain. Then, too, extirpation originally performed only for cancer, and probably necessarily fatal, has thrown an odium upon any operation supposed to be similar, but of a less extensive character. Amputation of the neck was likewise only performed for true cancer, or for its incipient stages, cauliflower excrescence, and was in quite a proportion of cases of very little utility, and sometimes fatal. Lisfranc, however, was accustomed to perform this operation with almost universal success in cases which he called primitive cancer, but which are now known to have been only hypertrophic development.

Bennett was, I think, the first to regard prolapsus of the uterus as very rarely a true descent of the uterus, but as almost always a hypertrophy or engorgement of the uterine neck; to remedy which, he recommended issues to be made upon it with Vienna paste, cauterizations, the actual cautery, leeches, scarifications, etc.; in short, any and all means to produce resolution, and, thereby, restoration. In 1848 M. Hugier performed amputation for the same purpose with success. These operations were made with the bistoury, and were rendered formidable by abundant hæmorrhage. Chassaignac repeating it with the écraseur has avoided this serious complication. One of his amputated cervices weighed one ounce and a quarter (℥j. ʒiij. gr. ij.). No fatal results of the operation have, however, been reported.

The operation is a simple one. The patient placed in position—formerly upon the back, and the parts exposed with a four-valved speculum, now better still, upon the left side—with knees well drawn up, and the perineum elevated by a Sims' speculum, the labia drawn aside by an assistant, the os is to be forcibly brought into view, but not necessarily externally, by a Museux forceps, if there is not sufficient prolapsus, and the patient under the influence of chloroform, all is ready for the actual operation.*

Hugier used the simple bistoury, Chassaignac employed the écraseur. Sims found that, in a single instance, the écraseur drew in the surrounding parietes, making an irregular lacerated wound of the vagina (hereafter to be alluded to), and he, therefore, discarded this instrument, and substituted for it the scissors (which makes a species of lacerated wound restraining hæmorrhage), with which he gradually snipped off the portion required, stopping as might be requisite to arrest the hæmorrhage. When the operation is concluded, the uterus retracts to its normal position, going up like a balloon from which the ballast is removed; the hæmorrhage is arrested by styptics, the tampon, and sometimes the actual cautery, and the part left to heal by granulation, a process requiring from twenty days, usually, to five or six weeks.

Sims accidentally noting that the vaginal mucous membrane could be slid upon the parenchyma of the neck, conceived the idea of bringing the cut edges together, sliding the membrane over the stump, as the integument is slid over the stump from an ordinary amputation of the thigh, and fastening it there by metallic sutures. This happy thought, carried into execution, was followed by union by the first intention, and the time for cure is thus shortened to a week or ten days.

(Dr. G. then gave the following brief history of a case in which he amputated the cervix, the portion removed weighing ℥iv. ʒij ℈ij.)

Case.—Mrs. D., of Jamaica, L. I., of American birth, 34 years of age, and the mother of six children, all born alive; has suffered from a gradually increasing hypertrophy of the uterine neck, producing an extreme prolapsus. At her last confinement, in August, 1861, the prolapse was so great that the os was an inch or more external when she came to her time, with great hypertrophic thickening of a gristly character. After protracted suffering she was finally delivered with the forceps, Dr. Shelton, her physician, making prolonged and vigorous traction with the instrument, and the husband with the fingers of both hands inserted within the os, holding back the uterus, till a rent taking place, the head emerged. The evidence of this laceration is manifest upon the anterior portion of the amputated portion. Since this labor the os has remained out of the vulva an inch or more. Examination shows the organ two and a half to three inches in diameter, two inches out of the body, and capable of being drawn out about an inch further. The finger passes external to it under the pubes about three inches, and posteriorly five or six inches. The finger enters the os for more than one inch, and the uterine sound seven and a half to eight inches.

Placed in position, Dr. Shelton giving chloroform, Dr. Steele raising the perineum with the speculum, I gradually cut with the scissors till the amputation was effected. During the course of the operation numerous vessels were severed, some of magnitude, and the hæmorrhage was quite considerable. As each vessel was cut, it was twisted, or the hæmorrhage stopped by pressure with sponges wet in ice water; and when the operation was effected, the venous oozing was checked by a weak solution of the liq. ferri persulphatis. The organ drew up far into the vagina after the portion was removed, and in order to arrest a persistent hæmorrhage, it was necessary to draw it down into view with hooks. A vessel as large as a goose quill was then

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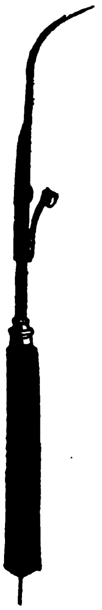
* M. Hugier especially insists against the forcible drawing down of the uterus, so that the operation may be more easily performed externally. He thinks that what is gained in ease and convenience is at the expense of the patient, that inflammatory action is apt to follow from the traction made upon the broad ligaments.



found to be bleeding, around which a ligature was passed, which completely arrested all subsequent flooding. The parts were then brought together and secured by six silver sutures easily passed by the instrument* here presented, and the patient placed in bed, after having been upon the table and under the influence of chloroform one hour and twenty minutes.

THE DANGERS OF THIS OPERATION, I consider in the order of their occurrence to be hæmorrhage, opening of the peritoneum, inflammation.

Hæmorrhage, one would naturally suppose, would be considerable from the incised wounds made, where the amputation was performed, and rapidly too, with a bistoury as at first recommended. This might indeed be serious were the amputated portion severed at one cut, leaving a large number of vessels bleeding simultaneously. But the parts being little, if at all, sensitive, even if the patient be not under the influence of chloroform, there need be no such rapidity, and by slowly separating the parts with the knife, any bleeding vessels may be twisted or tied as might be found necessary. Owing to the peculiar gristly character of the tissue, semi-elastic and springy in its character, great difficulty is found in making the ligature remain, for even when applied with the greatest care and apparently secure, it is found to be thrown off speedily and the hæmorrhage recommencing. In view of this peculiarity, Mr. Hugier has recommended transfixing the part with a pin, around and above which a ligature may be securely fastened; the pin having the ends bent down so as to be out of the way, remaining and coming away with the general slough of the part. The ligature which I applied on the quoted case, after several ineffectual trials, but without the pin, remaining firm, although traction was made upon it daily for several of the last weeks of its remaining, has not yet come away, May 14th, while reading the proof sheets of this article, more than thirteen weeks. There is, nevertheless, some danger from secondary hæmorrhage. The use of the écraseur, as already intimated, diminishes somewhat the liabilities to both of these forms of bleeding. Any fatal result, however, is not to be feared, for the tampon may be so thoroughly applied as to render any oozing even, of blood, impossible. I have not referred to styptics other than cold, for the reason that I imagine when freely used they will so coagulate the oozing blood and serum as to prevent that union by first intention already alluded to; but should the hæmorrhage be so troublesome as to interfere with the operation, they may be called for, and will be found quite efficient auxiliaries.

Opening the peritoneum is probably the last accident that one would expect to occur, and also the most serious. I am inclined to think, on the contrary, that the probabilities of opening into the peritoneum are quite considerable, and the more so, if not being recognised, they are not guarded against. Of course, where little bits of a thickened anterior or posterior lip of the uterus are snipped off, there is no such danger, but where the entire os, hugely hypertrophied, is removed, the risk is not slight. In one case of this character which occurred to Dr. Sims, where he operated for cauliflower excrescence, he considered that it was owing to the "drawing in of the loose tissue" into the écraseur. In this case a rent was made through the cul-de-sac into the abdominal cavity, into which two fingers might easily be thrust. The torn portions were immediately united by silver sutures, and not a particle of injury was the result, although a subsequent severe peritonitis, lasting for eight days, jeopardized the life of the patient. In the case above narrated in my own practice, while cutting from anteriorly posteriorly, and the operation almost finished, I noticed what I supposed to be a sinus, and drew the attention of the gentlemen around to it. Immediately a bit of fat appeared within it which I snipped off and removed, for a moment looking upon it as an unusual deposit of fat in the subjacent cellular tissue. The instant I did so, it flashed upon me that it was omentum. I immediately finished the operation in haste, lest the case might be complicated further by the protrusion of the small intestines, which were immediately noticeable, or by the entrance of any fluids or air into the abdominal cavity. How much the subsequent condition of this patient was owing to this accident it is difficult to say, probably very little. As soon as the hæmorrhage had ceased, I closed the whole cut surface by bringing the edges of the mucous membrane together, and united them by six silver sutures. The next day, the pulse was 88, with little or no abdominal tenderness; the second day, the same; the third, the pulse had risen to 96; the fourth to 102; the fifth to 108. The abdomen was generally tympanitic, but with no tenderness upon pressure, except in the right groin a little, also in the hepatic and gastric regions. The patient was kept well under the influence of opium, although so little narcotized, that she daily directed her household matters, arranged for dinner, etc., and there was little change in the symptoms for a week or more, till an unexpected menstrual return some ten days earlier than was expected, or was usual, was accompanied by feelings of prostration, and signs of collapse, which were promptly and efficiently treated by Dr. Shelton with wine punch, a blister to the abdomen, etc., and with entire success. This menstrual flow lasted for three days, but with no extraordinary profuseness, and when it ceased the patient was very much better for this "local bleeding." The regular menstrual period came on again exactly four weeks after the operation. An attack of intermittent fever and trouble from a chronic enlargement and disease of the liver, to which this patient had long been subject, supervened to complicate the case and retard her ultimate restoration to health, although the wound healed speedily, and all local difficulty was entirely removed. When I last saw her, she had visited the city, and although somewhat debilitated by a persistence of the intermittent, was gradually increasing in vigor, and had walked several blocks and back, ridden to the Central Park, etc.

(*To be Continued.*)

REMARKS ON ALBUMINURIA,

MADE BEFORE THE NEW YORK ACADEMY OF MEDICINE.

BY A. CLARK, M.D.,

PROF. OF PRACTICE AND PATHOLOGY.

(*Continued from* Vol. iv., p. 8:4.)

Now, Sir, with reference to the nature of the affection, in the first place, I believe, its first visible manifestations are to be found in the kidney, and in that sense it is a kidney disease. I do not believe, however, that this is the last step backwards in the search of causation. I believe the cause is to be sought for, in the majority of cases, in some change in the ganglionic system of nerves supplying the kidney. It is very well known that the ganglionic system governs the capillary circulation, that when the paralysis of any particular fibre supplying a particular part (as happens in a few instances in the body) occurs, or when such a fibre is divided, the vascularity of that part is almost immediately increased. The experiment has been tried upon the eye by cutting that filament of the ganglionic system which supplies it, and the organ becomes congested and inflamed. Electricity in such cases, by stimulating the vessels to contract, clears up the eye, but immediately on withholding this agent, the eye becomes suffused again and is finally disorganized. Experiments of this kind have led us to suppose that congestions and perhaps inflammatory action are, in a very great degree, dependent upon the ganglionic system. It seems to me, that we are to search in it for the cause of Bright's disease of the kidney. Whether behind that again there is an agency,—whether it will be learned hereafter that the true cause is to be found in the condition of the blood, is a point which I am not now disposed to argue.

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* This hollow needle is a very simple and ingenious one, modified at my suggestion from the original English pattern, by Messrs. Tiemann & Co. It needs to be but once threaded, the wire passing through the entire instrument, handle and all; does not easily get out of order, and is very efficient, needing no needle, forceps, silk thread, or other adjunct. I have also used it in sewing up the abdominal incision in a case of ovariotomy, which I recently performed. After passing the point of the needle through the integument, the wire is slid along by means of a little slide, the button of which may be seen in the middle of the instrument.

Congestions we may speak of as of three kinds:—mechanical, where the return blood is obstructed; second, active and inflammatory; and third, passive and dependent upon the nervous conditions; this latter, I think, is for the most part the parent of the kidney changes in this disease. The consequence of this congestion is to reduce the kidney to a condition in which it can no longer separate the urea from the blood in the usual quantity. Now, what it is that prevents this elimination, what the particular change in the kidney tissue is, that, associated with and caused by this congestion, prevents the purification of the blood, I do not suppose we know. All that I am able to say, is that such a condition does exist, and that without it we do not have Bright's disease. The circulation of the blood being impeded, the requisite amount of urea is not separated from it. I believe, it is universally admitted that urea exists in the blood, and is not manufactured in the kidneys; that it is the result of disintegration of the tissue, that it is a chemical combination which always goes with this disintegration; and that while the carbon of the tissues, converted into carbonic acid gas, is thrown off by the lungs, the hydrogen is converted into water, the nitrogen remains —if not all, a large proportion of it—to combine with other substances and form this urea, which must be carried off by the kidneys. This substance reaching the kidneys and finding them incapable of separating it, returns with the blood, and the blood remains contaminated by it. I suppose it is safe to say that inasmuch as urea has been found in the blood of those suffering from this disease in as large amount, in some cases, as in the urine itself, the sum and essence of the pathology is to be found in uræmia —urea in the blood.

I am aware that the question has been raised whether the urea circulates as urea, or whether it is directly converted into carbonate of ammonia. It is known to most of the members that Frerichs assumed that this conversion did take place, and that urea did not produce the unpleasant symptoms, but the carbonate of ammonia. And he further stated, that if observers would take the pains to moisten a glass rod in muriatic acid and hold it before the mouth and nose of a patient suffering from Bright's disease, they would discover the evidences of ammonia in the formation of the muriate in a cloud before the face. I had no sooner seen this statement than I put it to the test. Being then on duty at Bellevue Hospital, and having at the time a large number of students in attendance, I tried the experiment before them. Having then, as we usually have, a considerable number of persons under treatment for this affection, I found that it was true that ammonia existed in the breath of two or three out of about fifteen, but that in all the others it did not exist, or at least was not evident to the proposed test. I also found that the white cloud was formed in the same way and in about the same proportion in patients not affected with this disease. I then passed the rod around the class, and found the same to be the case in healthy persons. It seemed to me therefore that the experiment, so far as it was then and there tried, was on a sufficiently large scale to settle the fact, that many persons suffering from Bright's disease had not ammonia in the breath, and that many persons who had no disease of the kidney had the ammonia. The same experiment has been performed by other observers with the same result. Wilks states, in the Guy's Hospital Reports, that he did the same thing and with substantially the same result. He does not speak of well persons, but of hospital patients.

Bearing upon this point it seems that the experiments of our countryman, Dr. (now Surgeon-General) Hammond, are worth a good deal. After Frerichs' report had reached him, he repeated his experiments; as for example, he injected into the veins of animals urea and carbonate of ammonia, and when the kidneys were not removed from them he found that the urea produced unpleasant effects for a little time, but that they still passed off, and the animals recovered, and when the kidneys were removed that the urea produced the same unpleasant symptoms until death. He did not find that there was carbonate of ammonia in the blood or breath, but found urea in the blood in both instances if the blood were examined in the first class before it was eliminated by the kidneys. The result of his studies was to bring him to a conclusion directly opposite to that of Frerichs. It seems to me, that we can safely say that urea produces the poisonous effects and not the carbonate of ammonia. Carbonate of ammonia is capable of producing death, but urea seems equally capable of doing the same thing; and to say the least of it, it is very doubtful whether the conversion spoken of does take place. Then the word uræmia seems to be entitled to the place and the significance which it has hitherto possessed.

Now we will refer to the symptoms or manifestations of the disease. Before this body, I need not enter into a detailed or minute symptomatology, but there are a few of these manifestations that are worthy of at least a passing consideration.

I suppose we may say of the large white kidney, that generally the most significant manifestation is the appearance of the skin. And by this I mean, not the œdematous effusion, but the color of the skin, the striking paleness which is observed with a good deal of uniformity (not absolute uniformity) as the disease advances. This, however, does not seem to be a first symptom; it seems to be the result of changes that have produced a certain degree of cachexia, and it implies that the disease is of considerable duration. Still it often occurs with no other symptom, except general weakness, and where we would not be led to suspect any grave disease, except for its presence. I cannot say how many times it has occurred to me to see this complexion and find no albumen and no œdema. In the greater number of such cases, however, both make their appearance in the end, though sometimes delayed many weeks after the diagnosis has been made out from the complexion alone. This, then, is one of the most valuable indications of the disease. I could recite a number of instances where it alone existed to the end. In a case I saw not long ago, with Dr. T. M. Cheesman, a gentleman had been ill for eight weeks, and complained of nothing but weakness, so far as the general symptoms were concerned. This was the marked feature. It is true he had some pains about the limbs and joints, which were regarded as rheumatic, but these soon subsided, leaving him with a weak, frequent pulse, and that peculiar pale complexion. There was not a particle of œdema anywhere. The urine was examined by me, and no albumen was found, and no casts were detected on microscopical examination. Still this characteristic color persisted to the end. He died, however, by the rupture of a small aneurism, and the disease did not run its course completely. The post-mortem examination revealed the existence of disease of the kidney. I could recite a number of instances of the same character.

It was only a week ago that I saw, in Brooklyn, with Dr. Mitchell, a case of Bright's disease, not far advanced, but still well marked, in a lady who had died from one of the accidents of abortion, and where the complexion was the only symptom that pointed to trouble in the kidney, and it was hardly appreciated during life. On post-mortem examination, the kidneys were found enlarged, pale, and the vascularity changed, as it usually is in the large kidney, and as we have seen it represented in those drawings that have been examined.

(*To be Continued.*)

REPORT OF THE

WOUNDED AT THE BATTLE OF NEWBERN, N. C.

By J. H. THOMPSON, M.D.,

LATE BRIGADE-SURGEON, U.S.A.

But few battles on record, of which any surgical statistics have been kept, the numbers engaged being equal, present so many highly interesting cases, as the battle of Newbern, N.C. There is hardly any form of gunshot wound incident to modern warfare but could be seen here, and an abundant opportunity was afforded to all surgeons present, not only to see, but to perform all the capital surgical operations which, at the present day, are considered justifiable. I regret exceedingly that I have but a few notes of the many cases which came under my observation, which are interesting not only on account of the character of the injuries received, but for the universal success attending their treatment.

On the field of battle the surgeon has to contend with many disadvantages; he is often compelled to operate in positions where he is exposed to imminent personal danger, and the operations have most frequently to be performed upon the ground, the surgeon having to stoop to his patient. He has often to take as assistants men who have never before seen an operation, for when the engagement is active there is frequently too much to be done for one surgeon to be able to assist another:—before he has finished one operation, there are probably twenty others, urgently requiring his attention, and all of which will suffer by delay. All this is calculated to excite the operator, and materially interferes with that coolness so essential to the formation of a correct judgment, and upon which the welfare of the patient materially depends. After passing from under the hands of the surgeon there is no comfortable bed to remove the patient to, nor well trained assistants to nurse and administer to his wants; but he is compelled to lie upon the ground, often wet, and, unless he has been provident enough to save his blanket, without anything to cover him, probably no nourishment for many hours, and then of a kind but little suited for him. In a few days, it may be, he is removed to a stationary hospital: he has to be carried some distance on a litter, and the remainder of the journey performed on a steamboat, or in one of those infernal machines called a two-wheeled ambulance, which must have been expressly designed as an instrument of torture. It might naturally be expected that with these manifold disadvantages, the percentage of mortality would be very large; but, I think I may state without fear of contradiction, that the same number of cases, most carefully selected from the best hospital or private practice, will not compare unfavorably with those taken from field practice. One reason for this, I believe, may be found in the fact, that our patients in field practice are, as a rule, healthy men; whereas in private practice if our patients, when they first meet with the accident, are strong and healthy, we are too apt in our endeavors to save a limb to defer the operation, until they have become considerably exhausted either by long continued pain or extensive suppuration.

The following are a few of those cases which came under the charge of Drs. Derby and Otis of the Massachusetts Volunteers, and myself, at the battle of Newbern. The general rule adopted, and which will apply without any exception to all the following cases, was, when the patient was first brought in he was given from one to two ounces of whiskey. If an operation was decided upon, no reaction was waited for, but he was at once placed under the influence of chloroform, which was administered by placing a single thickness of patent lint about three inches square over the nose and mouth, and dropping the chloroform on the lint, rarely more than one drachm being required for any one patient; no instance came under my notice of any ill effects resulting from the use of this admirable but much abused anæsthetic. Those of the profession who are opposed to the use of chloroform, ground their opposition upon the fact, that a few patients have died whilst under its influence; but we have no proof that the same patients would not have died had ether been employed instead of chloroform. Of 9000 cases reported from St. Bartholomew's Hospital, London, in which were included old and young, healthy and infirm, not one instance of death was recorded.

In the first brigade to which I was attached, Drs. Otis, Derby, and myself, attended to over two hundred serious cases, amongst which were the following:—

Captain Sawyer, 23d Mass. Vols., left leg shattered to knee by cannon-ball, joint involved in the injury, as is usual in all cases of wound by cannon-ball or shell; there was great prostration. According to the generally received opinion an immediate operation was not justifiable, but reaction should be waited for. If we were living in an age when anæsthetics were unknown, this rule would have been acted upon, as the system was already too much depressed to have stood the shock of any further pain. But happily we are possessed of an agent by which we can control not only the pain of the operation, but the sufferings attending the primary injury. Under its influence the nervous system enjoys perfect repose for a considerable time, sufficient in most cases to enable it to recover from the shock, and to prevent the subsequent irritability which always accompanies reaction in those cases where stimulants only have been employed. When our patient gradually comes from under the influence of the chloroform, he awakes to the knowledge that in the main his sufferings have passed, and that for the future he has everything to hope and but little to dread. This adds materially to the probability of a successful result, for we all know how controlling is the influence of the mind over the body. In this case, we had almost entire union by first intention, and a rapid recovery without the first bad symptom.

It may become a matter of interest at some future time to inquire, whether these immediate operations in any way protect our patients from the liability to a subsequent attack of tetanus. Although after the battle of Newbern the wounded were exposed for some days to most of the exciting causes of tetanus, not one case that I am aware of occurred in any instance where an operation had been performed. There were but two cases amongst the wounded, and they are reported at the end of the list.

Job Beman, left arm torn by cannon shot, and severe contusion over umbilical region, about four inches square; prostration considerable, but not so extreme as in the preceding case. Immediate amputation of arm (circular); no bad symptoms followed.

Private Samuel Johnson, left tibia and fibula fractured close to knee, joint involved. Amputation at the knee-joint would have been the operation selected in this case, but, unfortunately, the portion of tissue necessary to form the posterior flap was so much lacerated, that the danger of its sloughing would have been imminent. Amputation was performed at juncture of middle and lower third of femur (circular); recovery perfect.

Private D. H. Cameron, minié ball through condyles of right femur; total destruction of joint, and splintering of femur about four inches up the shaft. Immediate amputation of thigh at middle third (circular); nothing occurred to retard recovery, which was complete.

Private John S. Mayo, ball through elbow-joint, left arm. Amputation four inches above joint (circular); result successful.

Private W. H. Slack, left arm carried away close to shoulder by solid shot. Amputation at shoulder-joint, but there was such extensive laceration and contusion of soft parts as to render a successful result very doubtful.

The above cases were all operated upon by Dr. Geo. Derby, and in his official report to me, twelve days after, he states all had done, and were doing well, with the exception of Slack, in whose case everything progressed well until the tenth day, when symptoms of pyæmia appeared, and he rapidly sank.

The following were operated upon by Dr. Otis, 27th Mass.

J. E. Cushman, 27th Mass. Reg., left humerus shattered by grape shot within a few inches of the joint. It was impossible to apply a tourniquet, therefore the artery was controlled by pressure, and amputation made at the surgical neck of the humerus. The patient did well, stump cicatrising kindly; recovery perfect.

L. B. Hadley, right arm shattered by grape shot. Amputation at the middle of the shaft of the humerus; good result.

Lieut. G. Warner, right leg shattered by cannon shot. Amputation at the junction of the middle and lower third of the femur (circular); line of union antero-posterior; ligature came away on the tenth day. The patient has done well, his recovery being uninterrupted by any complication.

Private Geo. A. Brown, right arm carried away by solid shot or unexploded shell. It was at first proposed to disarticulate the humerus, but Dr. Otis thought he could get a better result by sawing the bone at or a little above the surgical neck, at which point the operation was performed; subclavian compressed (operation circular); the incision healed almost entirely by first intention.

Private McGrath, right leg shattered by grape shot. There had been excessive hæmorrhage before the man was brought from the field, and his case was very unpromising. The leg was immediately amputated. For the first fortnight the constitutional symptoms were very alarming. The stump looked badly, but after that time he began to mend, and on the thirtieth day was out of danger.

Private ———, 4th R. I., wrist of right hand disorganized by canister shot. The arm was amputated by double flap. On the second day hæmorrhage occurred from the radial artery, which could not be controlled by ordinary means; the flap had to be opened, and the artery tied higher up. As usual there was too much retraction to admit of a satisfactory re-adjustment of the wound. It, however, granulated nicely, and although the man's recovery was slow it was not the less perfect.

Private L'Aimée, compound fracture of humerus with splintering of the bone high up. It was a question whether any operation short of disarticulation was advisable, but it was finally decided to saw the bone at the surgical neck; the soft parts could only be trimmed, there being barely sufficient to form a flap. Secondary hæmorrhage occurred the day after the operation. The artery was secured as high up as it could be got at. On the third day hæmorrhage returned. The axillary artery was apparently disorganized by inflammatory action. Nothing remained but to tie the subclavian artery, which was very skilfully done by Dr. Derby. For some time the patient remained in a very critical condition, but with his subsequent history I am unacquainted.

I have thus given a short history of twelve cases, not including L'Aimée, in all of which capital operations were performed under the influence of chloroform. In no instance was reaction waited for, and all were perfectly successful, although our patients for several days subsequent were exposed to wet and cold, and were imperfectly nourished.

There were but two cases of tetanus among the wounded at Newbern, both of whom died, but in neither instance had there been any operation performed; the following is their history:—

Private Patrick Sweeny, minié ball through the head of the humerus, fracturing the glenoid cavity, and lodging in the left shoulder. After receiving the injury he walked some two miles to the rear, stopping in a shanty all night; next morning he walked up to the hospital. There was great constitutional irritation, and the time had evidently passed for a primary operation; it was hoped that the system might recover sufficiently to render exsection of the head of the bone an advisable operation, but, unfortunately, on April 1st, sixteen days after receipt of the wound, symptoms of tetanus were manifested, and on April 3d he succumbed to that disease.

Private Gosman, 11th Conn. Vols. A flap of skin and subcutaneous tissue, eight inches square, were torn from the chest and epigastrium; the wound was perfectly regular in outline, and the muscles were dissected as cleanly as by a scalpel. On the eighth day he complained of stiffness in the neck, and by the morning of the tenth day he presented a classical case of tetanus, and died on the evening of the same day. It is hardly necessary for me to add, that every remedy which science has suggested was tried, in the hope of arresting the progress of this frightful disease, but, as is usual, all proved alike ineffectual.

Private Frederick Soulé. A one and a quarter inch canister shot struck near the right horn of the hyoid bone, passing obliquely across the neck, and lodging in the subscapular fossa, where it could be felt under the skin; it was removed by a free incision. The man did perfectly well for four days; there was little irritative fever and no dyspnœa. Suddenly, on the night of the fourth day, he was seized with a suffocating paroxysm, and died in half an hour. I presume he died from an acute attack of œdema of the glottis. I very much regret that we had no time to make a post-mortem examination.

Private Geo. W. Ramsay, wounded in the head by a musket ball. When the man was brought in, which was in the early part of the action, he was insensible, surface cold, breathing stertorous, pulse slow, about 40. Upon examination, I found the ball had entered about one inch posterior to the fronto-parietal suture, and about two and a half inches above the ear, on the left side, and had passed in an oblique direction from before backwards. Stimulants were freely given, the loose portions of bone removed, and the patient left, as I supposed, to die. My attention being directed during the day to patients requiring immediate aid, I did not see this man again until evening, some eight hours after he had received the injury; there was then but little change, he was unconscious, and there was that peculiar whiffing by the mouth during expiration, which frequently accompanies grave cases of compression, the eyes were fixed and pupils very much dilated. During the night there was continued convulsive action of the left arm and leg, the right side appeared paralysed; the left eye was suffused and considerably protruded. I removed a clot of blood which partially filled the wound, and laid him over upon his left side to give an opportunity for the blood to drain from the wound, and thus prevent any increased compression from accumulated fluids; the bladder was emptied by catheter, and a strong cathartic administered.

In the afternoon of the second day, there was a considerable improvement; he appeared to understand what was said to him, giving signs with his left hand; the pupils were not so much dilated. From the time he was turned over upon his side the paralysis gradually diminished, and the patient seemed to improve each hour; speech slowly returned, but was not perfect. Notwithstanding this marked improvement I considered his case hopeless, for I knew the ball to be within the cranium, and the patient thus subjected, not only to the danger arising from the compression, but to the almost certain one, inflammation, and probable subsequent softening, which the presence of such a foreign body would produce.

Imagine my astonishment, on leaving my tent on the morning of the fourth day after the battle, to see the man sitting on a log before the fire smoking his pipe. I almost believed myself laboring under an optical delusion; had he risen from the dead I could not have been more surprised. His answers to questions were given with some hesitation, but were correct and rational. From this time onward, all his functions were performed normally, and at the end of three weeks he went home on furlough. I saw him on the day he left; there was still a weakness hardly amounting to paralysis of the right side, considerable deafness, and the left eye much protruded and congested, otherwise he presented no indication of having so recently been the victim of such a severe injury.

In this case I made no exploration by probe to discover the whereabouts of the ball, as I was satisfied from the force with which it must have entered, that it was deeply imbedded in the cerebral mass, and any interference of this nature would only light up an uncontrollable inflammation, destroying any possible chance there might be for the recovery of my patient.

Examples are by no means wanting of patients recovering from serious injuries to the brain,* but I know of no case on record (where the patient has recovered) in which the symptoms have been so alarming and the exciting cause yet remaining.

I am entirely at a loss to account for the sudden improvement in the condition of this man. It is certain the ball entered the cranium, it is equally certain that by no possible chance could it have passed out; judging by precedent, sufficient time had not elapsed for nature to accommodate herself to this new state of things. We may readily comprehend how a tumor, such as an exostosis, whose growth is slow, may be tolerated for a considerable time before any alarming symptoms are manifested; but here was an extensive laceration of the cerebral tissue, with the presence of an irritating foreign body, yet followed by no serious inflammation or entire loss of any of the functions of the brain.

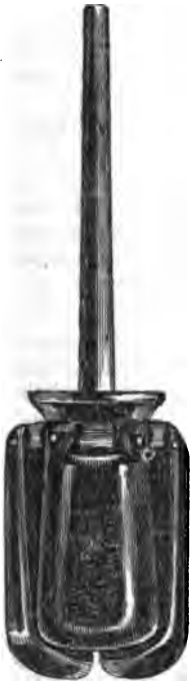
825 West 23d Street, New York.

NEW INTRA-UTERINE PESSARY.

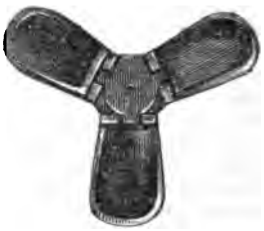
By F. S. EDWARDS, M.D.,

OF NEW YORK.

Those of the profession who have paid special attention to uterine diseases, are well aware of the difficulty we have in choosing a good pessary. And although our instrument makers have drawers full of various patterns, a really useful one has yet to be made. The one figured here is, I believe, a step in the right direction, and I have so far found it very useful. I therefore, after six months' patient trial in about twelve cases, give it to the profession for their verdict. It has four good qualities, viz. cleanliness, lightness, indestructibility, and facility of introduction. The larger drawing shows its usual size with the wings closed, the smaller one is with the wings open, but is reduced one-half in size.



The instrument consists of a modification of the pessary of my esteemed friend Dr. Conant, to whose instrument I can only find one objection, its difficulty of introduction, except where the uterus is in its normal axis; and as the cases where this is the case that require a pessary are so rare, while the opposite is the rule, I claim for the present article a wider range of usefulness. The pessary is made of hard rubber (one of the most useful inventions of the present age), and consists of a central intra-uterine stem flattened, rising from a disc, to which are hinged three flat wings, which, when closed in the same axis as the stem, are not quite as large in diameter as the disc itself. A hole bored from below into the stem enables a sound or rod to be used in introducing the instrument; when the stem has entered the cervix one finger easily pushes out and sets each of the wings, which open just beyond a right angle with the stem, thus remaining open by the weight of the uterus, even if the hinges wear loose.



Should the vagina be too narrow to permit all the wings to be expanded, one may be left down, reducing the circumference considerably, and this I always do in retroversion, when the vagina is small enough to sustain the instrument by two wings alone, because I find that if the anterior wing is left down it rests flat against the urethra and makes it a "point d'appui," thus spreading the pressure over a large surface. To withdraw the pessary it is best to reintroduce the sound or rod, and shutting with a finger the wings it is easily brought away by pressing it upon the rod and withdrawing all together.

In those obstinate cases of dysmenorrhœa, dependent upon either organic, congestive, or spasmodic narrowing of the cervical canal, I have had success, when all other treatment, such as incision, dilatation, cauterization, etc., had failed; the hard rubber stem, being perfectly unirritating, seems to serve the same purpose as the tied-in bougie does in urethral stricture. If it is left in during one or two menstrual periods I have found the cure permanent. They can be procured from Messrs. Tiemann & Co., and Otto & Reynders, and I believe others.

154 West 21st Street.

Reports of Societies.

SURGICAL SECTION.

NEW YORK ACADEMY OF MEDICINE.

Stated Meeting, April 25, 1862.

DR. JAMES R. WOOD, CHAIRMAN.

DISCUSSION ON TRACHEOTOMY IN CROUP.

Dr. Krakowizer's *remarks continued from* Vol. iv., p. 858.

Another point meriting consideration is this: The distance from the sternum to the chin being a short one, and both these points protruding, form easily an obstacle to conducting the instruments scrupulously in the median line. I therefore lay it down as a rule, that, as far as it can be carried out, the *instruments ought to be given an angular shape.*

The operation of tracheotomy, although presenting varieties often unforeseen, and demanding great coolness and quick adaptation from the surgeon's side, is essentially *a typical operation*, and as, for example, in the operation of tying arteries, one should always have in mind certain landmarks to guide one in going from layer to layer, until the trachea is exposed.

The assistant holding the head must be instructed to devote himself exclusively to the duty of keeping the chin in the median line. It is easy, then, for the surgeon not to fall beside it himself. In fixing the skin for the incision, it is a good rule to do it by dragging it in a downward direction, by putting two or three fingers on the manubrium sterni, and keeping up the tension while the incision is made from the larynx to the incisura manubrii sterni. After the tension is removed, the lower angle of the wound will remount half an inch or so above the manubrium, and thereby always keep the surgeon in mind not to prolong the division of the deeper seated parts too far downwards, where the trachea recedes more and more from the surface, and the number and size of vessels liable to be wounded increase.

After the division of the skin and the panniculus adiposus, where there is any, the first landmark presenting itself is one or both venæ medianæ colli covered by the superficial lamina fasciæ colli. If only one is seen, by careful sighting it must be made out whether it be the right or left one, and inside of it, or between them; if both are seen, the superficial lamina of the fascia colli must be divided. It must be divided the whole length of the incision of the skin. Small anastomotic branches between both venæ medianæ may be cut, and the slight hæmorrhage be controlled by the finger of an assistant. I once met a median vein between both venæ medianæ colli, running equidistant between them, and inosculating in the arcus venosus anterior, which unites both venæ medianæ a little above the manubrium sterni.

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* Larry, Clinique Chirurgicale, Deare, Sharp, Guthrie on Injuries of the Head, O'Shaughnessy, Desault, Brodie, and Abernethy on Injuries of the Brain.

In dividing the fascia, the rule of surgery holds here stronger than anywhere else, namely, to divide from the depth to the surface. A grooved probe cannot be made available, because if its point is inserted through a small opening in the fascia it cannot be pushed along in the median line, for its handle strikes against the chin or sternum. If its free extremity be curved, this can be remedied somewhat, but then the edge of the bistoury, whose point is running in its groove, does not form with its direction the possible smallest acute angle. The consequence is that the bistoury's cutting effect is diminished in proportion to the sinus of the angle which it makes with the direction of the grooved probe. It *pushes* the fascia rather before itself than *cutting it*, thereby dividing not nearly to the requisite extent and proportion with the incision of the skin. I have seen operators, and I have done it myself, in disappointment attempt to tear the fascia with the handle of the scalpel, or insert the blunt hooks in a small opening of the fascia, and make rude lateral tractions to enlarge the opening. It can be done, but it requires considerable force, and exposes the near-by lying veins to the danger of being torn, and giving rise to a troublesome hæmorrhage.

The plan of dividing the fascia which I have adopted since some time, is this:—With a dented pincette I raise a small cone of the fascia, which I cut at the base: In this opening I insert the point of the lower blade of a small pair of scissors, bent under an angle, in the direction of the edges.* The blade being pushed along to the required extent, and the edge carrying nothing on itself but the raised up fascia; this is divided with one stroke of the scissors.

The muscles running up from the sternum are so exposed. Frequently the edges of both sterno-hyoid muscles recede already from each other. Generally a whitish longitudinal streak marks the spot where they meet each other, if perhaps hæmorrhage has not given all the parts an equal color. The separation of the muscles generally succeeds very easily with the handle of the scalpel. Broad, flat, blunt hooks, bent under a sharp and pretty acute angle, now hold the muscles aside, and expose the so-called præ-tracheal space.

(To be Continued.)

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Removal of the Clitoris in Cases of Masturbation.—In the *San Francisco Medical Press* for January, Prof. E. S. **Cooper** reports two cases of masturbation in females, that were cured by the removal of the clitoris. He says:—"In the female, it would appear, judging from the results of two cases, as though we have found a remedy by surgical interference, and of such mildness and simplicity as to commend it to an early trial in all cases where the habit of masturbation threatens injury to the intellect. It consists in removing the entire clitoris, including the corpus cavernosum clitoridis and the major portion of the erectores clitoridis."

The Beach Street Museum building has recently been opened by the United States authorities in this city, and the medical charge is under the Surgeon-General of this State, for the temporary accommodation of the sick and wounded. The beautiful grounds of the Massachusetts Hospital are now studded with hospital tents, and everything is ready for the reception of the sick.—*Boston Journal.*

American Medical Times.

SATURDAY, JULY 5, 1862.

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A MILITARY MEDICAL SCHOOL.

Whatever be the position in which the present war shall leave the country, one fact now seems certain, and that is, that we shall hereafter, for an indefinitely long period, require a large and well appointed army. If peace shall be restored immediately by a return of the revolted States to their allegiance, it is not probable that our Government would reduce its army to any such insignificant figure as that at which the rebellion found it. The defence of our immense frontier by the most approved works suggested by recent military experience, will be rendered imperative by the threatening attitude of foreign nations. This will give employment to a largely increased military force. If, however, this rebellion reaches its apparently legitimate termination, being crushed out by purely military power, in other words, if this must be a war of subjugation on the part of Government, manifestly the conquered territory must be governed by the strong arm of military power. The limit to the size of the army of occupation and defence which this condition of the country would demand, could not readily be determined. In any event, therefore, the conclusion seems inevitable that the United States Government must hereafter maintain a large and thoroughly qualified army.

In forecasting the educational qualifications of the officers of the future armies of the Republic, we may assert as a foregone conclusion, that they should be trained in the strictest schools of military science and discipline. Their preparation for duty will be no holiday task, easily acquired and as readily forgotten, but the standard of qualification will be elevated to the highest grade of military science. This war has taught us the value of a thorough military education to the commanding officer, and we shall not soon forget some of the terrible lessons. Our military schools will be increased in number, and in every department the science and art of modern warfare will be taught and illustrated by the highest order of teachers.

The present war is demonstrating the truth of all past experience, that the medical officer plays no insignificant part in the successful prosecution of great military campaigns. In whatever position he is placed, whether in camp or hospital, whether engaged in warding off disease by hygienic measures, or in treating the wounded on the battle-field, the surgeon exerts more individual power in maintaining the efficiency of an army than any other officer. This fact is gradually being recognised and acknowledged in this country, and will yet stand forth as a great central truth in our military organizations. The day when the medical officer of our army shall take that rank and position to which his eminent services entitle him is not, we believe, very far distant. But it will be hastened or delayed according to the qualifications of the medical officer himself, and his fitness to exercise his high functions. If, while the officers of the line pass through the severest preparatory training, and enter upon their active duties skilled in every branch of military science, the medical officer enters the service with only the poor and perhaps worthless testimonial of a doctorate, as proof of sufficient preparation, we may be sure that the latter will long occupy an inferior position.

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* Richter's scissors, as used in operations on the eyelids.

Looking forward, therefore, to the prospective enlargement of the army, to the stimulus which this war has given to every branch of military science, and to the conditions on which will depend the rank and dignity of the army medical officer, it is important to inquire by what means the grade of the medical staff may be placed on a footing equal with that of the other staffs. There can, we think, be but one answer to this question, viz. the candidate for the medical staff must undergo a special training for his service. In making this statement, we but reiterate the experience of other Governments, as will be observed on referring to the interesting account of the English Military Medical School, by PROF. LEE, in another column. The attainment of a doctorate is but the first or preparatory step to a medical military education. At this period of the student's course of study that examination takes place which is to decide whether or not he has the prescribed preliminary education, and the requisite moral and intellectual qualities. The organization of the Army Medical School at Chatham would seem to leave nothing to be desired. The courses of study are thoroughly practical, and eminently adapted to prepare the candidate for active duty.

No one who gives the subject a moment's thought can doubt that a special system of education for the duties of the army surgeon must be established in this country, if the Medical Staff keep pace with the reforms and improvements in the other branches of the army service. Government can with as much propriety establish an Army Medical School, as a Military or Naval School, though it may be a question if all such schools would not be better conducted as private enterprises. The location of such a school should be in one of our large cities, in immediate connexion with hospitals, and if possible with a military hospital. New York City would offer the greatest clinical advantages, and, as the point of centralization of medical education, and the basis of all military movements, it would naturally become the seat of such a school.

THE WEEK.

BY a recent decision of the Supreme Court of this city, it is decided that the City Inspector has not the power to dismiss Health Wardens without the concurrence of the Board of Aldermen. The Judge entered upon a learned review of the laws relating to the City Inspector and his duties, and came to a decision, from which there would seem to be no appeal. There is, however, a much shorter method of reaching the same conclusion, which the judge seems to have overlooked. The method of appointing and discharging officials in the City Inspector's office, is not that prescribed by State or Municipal laws, but is in accordance with the *common law*, which is as old as the Common Council. That law is thus carried out:—The individual Aldermen have exclusive control of all the appointments in their Wards; they nominate their political favorites, generally the lowest class of rum-drinking or rumselling political hacks, to the City Inspector, who, now having received the advice and consent of the individual Alderman to a particular nominee, forthwith nominates him to the Board of Aldermen for confirmation. It will be seen that by this law we reach the same result as by the Statute law, but in a more direct and satisfactory manner. Of the two laws, the *common law* of the New York Common Council is the more obligatory with the City Inspector, as on its faithful observance rests his own tenure to office.

THE death of THOMAS WAKLEY, Esq., Editor of the *London Lancet*, is announced in the last number of that journal. He died on the 16th of May, æt. 67, of phthisis pulmonalis, on the island of Madeira, where he had been spending several months for his health. Mr. Wakley may justly be considered the father of modern English Medical journalism. In 1823 he established the *Lancet* as a weekly periodical, and at once brought it into notice by his unsparing criticism of the peculiarities of the leading medical men, and his full reports of the lectures of the public teachers of that period, viz. COOPER, ABERNETHY, C. BELL, and others. Great efforts were made to prevent the reports of lectures from being written, and ABERNETHY went so far as to have all the lights in his lecture-room put out, except a dim one on his own table. A verbatim report of his lecture, however, promptly appeared; he then appealed to law, having an injunction issued against the Editor of the *Lancet*, which, however, on trial was dissolved. Mr. W. triumphed over all opposition, and succeeded in placing his journal on a firm and independent basis. During the early part of its career, the course of the Lancet, though advocating important reforms, cannot be approved; its language was coarse and often grossly abusive. Latterly, it has assumed a more dignified tone; and in the discussion of all current medical questions exhibits great ability, with a correct appreciation of the true position, duties, and dignities of the profession. Mr. Wakley held important public offices; for eighteen years he was a member of Parliament, and for twenty-three years the Coroner for Middlesex. Although he early abandoned practice, and consequently attained no position as a practitioner, still the British Medical profession must ever regard him as its warmest friend and most powerful advocate.

MAYOR OPDYKE, who defeated the Metropolitan Health Bill last winter, because it did not give him sufficient power, is now affording the citizens of New York striking evidence of his ability to legislate on health questions. Yellow-fever, of all the diseases which afflict sea-board towns, is that which people most dread, and which is most strictly quarantined. No city would, knowingly, allow cases of this disease to approach within miles of its corporate limits, and yet MAYOR OPDYKE, and his co-Commissioners of Health, DRS. SAYRE, GUNN, MILLER, and City Inspector DELAVAN, have deliberately passed a resolution directing that persons arriving at this Port, suffering from yellow-fever, be conveyed to the Ward's-Island Hospital. This hospital is within the limits of this city, being in the twelfth ward. It is approached by land or water; if by land, the patients would be conveyed through the streets of New York, its entire length: if by water, they would pass through almost its entire shipping. Once arrived at the Hospital, the sick would occupy a central position among our great Charities, from which this disease would be disseminated far and wide. There is but one more event that the people of this city require, to open their eyes to the fact, that all their present health organizations tend rather to afflict than relieve them of contagious diseases; and that is, a desolating epidemic imported directly into the city by the Health Commissioners. The Commissioners of Emigration promptly passed a resolution forbidding the reception of yellow-fever patients into Ward's-Island Hospital.

Since the commencement of hostilities, not only have voluntary organizations endeavored to mitigate the sufferings of the wounded and sick soldiers, but State authorities have generally made provision for the soldiers enlisted from their respective States. In many instances, these voluntary and State efforts have been brought in collision with Government authority and control, and much unkind feeling has been excited. Now, it should be well understood, that from the moment the soldier is mustered into the service of the United States, until he is mustered out of that service, whether he is on the field or in the hospital, he is completely under the control of the General Government. Whatever voluntary societies or State authorities do for the physical well-being of the soldier, must be in aid of, and with the approbation of Government. This question has recently been settled by Attorney-General Bates. Nevertheless, we deem it a moral obligation of the General Government, under the present enormous pressure created by the immense number of sick, to invite the co-operation of Voluntary and State aid. Many of the Northern and Western States stand ready to transport hence the troops enlisted from their respective States, and provide suitable hospital and other accommodations for them. This they can do, by their own agents, to great advantage, and still act "*in aid* of the Government."

Brigade-Surgeon Thomas F. Perley, of Maine, has been confirmed by the Senate as Medical Inspector General of the U. S. Army. This office is second in importance only to that of the Surgeon-General. Upon the Inspector-General devolves the responsibility of organizing the new department of Sanitary Inspection. To perform this great work properly, will require the most eminent executive ability, aided by a profound knowledge of the principles of military hygiene, and practical experience in their application. There are in both the regular and volunteer service well-qualified surgeons the appointment of any one of whom to this position would have given entire satisfaction to the profession. Of Dr. Perley's special qualification for the management of this department we have no means of judging, as he is quite unknown to the public service and to the profession. We sincerely hope his appointment has been made after due consultation with those conversant with this branch of the service, and under the advice and approbation of the Surgeon-General, upon whom falls the chief responsibility for the successful working of this Bureau.

The Quarantine Floating Hospital is again at its anchorage in the Lower Bay of New York, and we are informed that it has been placed in charge of Dr. A. N. Bell, of Brooklyn. In making this selection of the Medical Superintendent of the Yellow Fever Hospital, the Quarantine Commissioners and Health Officers have manifested a just appreciation of their official responsibility. Dr. Bell brings to the superintendence of the Quarantine Hospital an active and remarkably inquisitive mind already thoroughly familiar with the history, practices, abuses, and the real necessities of Quarantine and Sanitary regulations. In the naval service, and during the pestilential visitation at Bay Ridge in 1856, he has seen yellow fever in all its phases. Like Dr. Harris, who inaugurated the experiment of the Quarantine Hospital Ship, we believe Dr. Bell will successfully guard both the ship and the harbor from all exotic sources of infection from yellow fever, except the southern vessels themselves, for which, of course, the Health Officers must provide.

The recognition of Surgeons as non-combatants has practically been adopted by both armies. This is a measure which we urged our authorities a year ago to carry into effect by a mutual agreement with the enemy. If it had been the policy of both armies, from the commencement of the war, a vast amount of human suffering would have been saved, as the surgeons would have continued their labors among the wounded, regardless of the immediate results of the battle.

Reviews.

The American Journal of Ophthalmology, Vol. I. No. 1. By Julius Homberger, M.D., Editor and Proprietor. July, 1862. New York: Baillière Brothers. Pp. 48.

The appearance of a new Medical Journal, and that too devoted to a specialty, at this critical period in the history of American medical journalism, is a phenomenon well worthy of record. Whether it betokens a clearing up of that pitiless storm which has wrecked so many staunch contemporaries, or is an evidence of the inexperience of its projector, it does not appear. In either case we feel bound to bid it a hearty "good speed" on its mission. The work consists of a *General*, *Special*, and *Editorial* department. The *General Department* contains the following articles:—On Diphtheritic Conjunctivitis, by De Graefe; the Anomalies of Mobility of the Human Eye. Art. I.—Strabismus Concomitans, by the Editor. The *Special Department* contains a report of the Universal Society of Ophthalmology, and abstracts from journals. In the *Editorial Department* the editor enters upon a defence of specialties in medicine.

The work is well printed, on good paper, and, as a whole, will make a favorable impression.

Conservative Surgery; with a List of the Medical and Surgical Force of New York in the War of the Rebellion, 1861–2. To which is added a Brief Notice of the Hospitals at Fortress Monroe and White House, Virginia. By Sylvester D. Willard, M.D., Secretary of the Medical Society of the State of New York, etc. Albany: 1862.

This pamphlet is to form a part of the forthcoming volume of *Transactions* of the Medical Society of the State of New York. It embraces, as its title indicates, a list of the medical men which this State has furnished to the U. S. army and navy in the War of the Rebellion. The author prefaces his paper with some most judicious remarks on conservative surgery. From the accompanying tables we learn that seventeen gentlemen from the State of New York passed the Naval Medical Board; fifteen passed the Army Medical Board; and twenty-one were appointed brigade surgeons after an examination at Washington. Following these statistics are tables containing the names, ages, schools of graduation, etc., of all the candidates who passed the State Medical Board as surgeons and assistant surgeons to regiments. Up to the 10th of December this Board had examined 468 applicants, 228 of whom were qualified as surgeons, and 137 as assistant surgeons. The great discrepancy between the numbers passed as surgeons and assistants is remarkable, if the Board established a much higher grade of qualification for the former than the latter. If of the total number examined nearly two-thirds were found qualified to act as full surgeons, the fact is exceedingly complimentary to the profession of the State. The method of examination was by a series of questions to which the candidate was required to give written answers; the document was subsequently examined, together with the testimonials of the applicant, and his qualifications were accordingly determined. The series of questions, as published, were judiciously selected, and must have thoroughly tested the knowledge of the candidate. When we reflect that more than twice as many surgeons were qualified by this Board than there were regiments, we can but regret that the sifting had not been more thorough.

Appended to these lists are the names of the volunteer surgeons who were commissioned by the Governor to serve in an emergency without remuneration. The paper closes with an interesting narration of the author's experience as a volunteer surgeon at Fortress Monroe and the White House, Va.

This paper is exceedingly valuable as a historical document, and entitles its author to the lasting gratitude of the medical profession of the State. With what care would we treasure up such a memorandum of the war of the Revolution, or of that of 1812? But of equal if not of greater historical value will hereafter be esteemed the medical record of the War of the Rebellion.

Correspondence.

VERMONT MEDICAL SOCIETY.

[To the Editor of the American Medical Times.]

This Society held its Semi-Annual Meeting at St. Alban's, Wednesday and Thursday, June 18th and 19th. The President being absent, the meeting was called to order by the Secretary, Dr. McCollom, of Woodstock; and Dr. Chandler, of St. Alban's, was elected President *pro tem.*

The record of the last meeting having been read and approved, the credentials of Dr. Benj. E. Cotting of Roxbury, Mass., delegate from the Mass. Medical Society, were read, and Dr. Cotting was invited to sit with the Society and participate in the deliberations of the same.

The credentials of Dr. E. M. Snow, of Providence, delegate from the Rhode Island Medical Society, were read, with a letter from Dr. Snow explanatory of his absence.

Dr. Stevens, of St. Alban's, moved that the Secretary transmit to the Secretary of the Mass. Medical Society the acceptance of their delegate, and an expression of pleasure in thus exchanging fraternal professional relations; and trust the interchange may mutually continue. Dr. Stevens further moved that the Secretary be requested to invite an exchange of delegates from the several Societies of the remaining New England States, and from the New York State Medical Society, to attend the annual meeting of their respective Societies.

The following gentlemen were elected members:—S. S. Clarke, M.D., Albany; W. S. White, M.D., Fairfield; H. P. Hall, M.D., St Alban's; C. G. Adams, M.D., Island Pond; J. H. Hamilton, M.D., Richford; John Huse, M.D., Richford; J. J. Meigs, M.D., Hydepark; S. J. Holley, M.D., Dorset; H. B. Woodward, M.D., Bokersfield; Geo. Bliss, M.D., Poultney; N. S. Goss, M.D., Georgia.

Dr. Stevens, at the request of Dr. Chandler, reported a very remarkable case of *Lusus Naturæ*, in the person of an infant, which elicited interesting remarks from Drs. Reynolds, Chandler, Morgan, and others, upon the effects of marked impressions made on the mind of the mother on the development of the fœtus in utero. The remainder of the day was occupied in an interesting discussion of the subjects of Diphtheria and Instrumental Labor.

Thursday, June 19.

The Society met pursuant to adjournment, the President, Dr. A. S. Woodward, of Brandon, in the Chair.

Dr. Belknap reported a case of interest, commented upon by Drs. Reynolds, Woodward, Morgan, Ross, and Chandler.

Dr. Rubler presented a boy suffering from *Osteo-sarcoma* of the tibia, and gave a history of the case, followed with practical remarks, and reports of cases from Drs. Woodward, Richardson, Adams, Stevens, Marsh, Clarke, and Ross. Dr. Stevens presented a case of Hydrocephalus in a child three years old, the head measuring twenty-five inches in circumference. Dr. McCollom reported a case in a boy, the head measuring forty-seven inches in circumference, with the mind clear and active. Dr. Woodward, of St. Alban's, remarked upon the treatment of Hydrocephalus by tapping, and reported cases. Drs. Marsh and Rubler reported cases successfully treated by tapping.

Dr. Rubler presented a young man, nineteen years of age, with a large aneurism in the right supra-orbital region, of eleven years' standing, caused from a blow.

Other cases of professional interest were reported and discussed, not noticed in this brief report.

The meeting was well attended, and one of much interest and profit.

HOSPITALS AT NASHVILLE, TENN.

[To the Editor of the American Medical Times.]

Sir:—The hospitals are in charge of Dr. Thurston. There are five assistant surgeons, who have charge of the patients. Dr. Thurston is the general superintendent and head of the institution. The hospitals are two in number, occupying the buildings of the Nashville University. We have our quarters in the house which was occupied by some of the professors. It is a beautiful situation on a hill in the suburbs of the city. Drs. Bowles and Segur are also here. This is by far the finest hospital in Nashville. Dr. Thurston is most admirably fitted for the position he occupies; he maintains military discipline with exactness. The buildings are clean and orderly, the supplies are inexhaustible. It is really astonishing to see how well provided this newly extemporized hospital is in everything necessary for the comfort and treatment of sick patients. I really doubt the superiority of your long established New York hospital. In the way of provisions and the minor comforts, our patients are certainly better off than the Bellevue patients. The only difference in favor of your New York hospitals consists in the fact, that they are constructed with bath-rooms, etc., which of course were not introduced in the construction of buildings intended for southern college students. Dr. Thurston is deserving of an immense amount of praise for the order and completeness of everything here. It is all his own doing. I hope your sanitary commission will do him justice in any report which may be published regarding the western hospitals.

We have received a great many favors from the agent of the Sanitary Commission at this port. The supplies which he was able to furnish have served to bridge over a great many little difficulties in the first organization and outfit of these hospitals. The Government is bountiful to profusion, but like all large bodies it moves slowly when it begins to move. At the present time it is hardly necessary to call upon the sanitary agent for any assistance whatever, so complete is the outfit and the supply which Dr. Thurston has secured.

University Hospital,
Nashville, Tenn., May 31, 1862.

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RESIGNATION OF DR. PHILLIPS.

[To the Editor of the American Medical Times.]

Sir:—Dr. Henry T. Phillips, Surgeon of the 102d Regt. N. Y. V., has resigned, after holding the appointment one week! The cause of his resignation, the same that influenced his predecessor, viz. the ignorance of the field officers of their own duties, and their persistent disposition to intermeddle with the Medical Department. This is an evil in several of our Volunteer Regiments, and the only remedy we know is, that the Surgeon should, on the first attempt to interfere and control on the part of the Colonel, bring him at once to a Court-Martial, and have him cashiered. Some of the regiments, we know, have suffered in their hospital department through the ignorance of the Commander in not knowing the rights of the Medical Staff, and in insisting on interference with its peculiar duties.

M. D.

FOREIGN CORRESPONDENCE.

By PROF. CHARLES A. LEE.

London, June 8, 1862.

Passing over, for the present, many interesting matters I have observed in the different London Hospitals, I will present to your readers some account of the organization of the British "Practical Army Medical School" at Chatham. Having been politely favored by Dr. Gibson, Director-General of the Medical Department of the British Army, with a letter of introduction to the professors, I yesterday took the cars at London Bridge, and after a pleasant ride of an hour and a half through a richly cultivated portion of Kent, reached Strood Station, and taking a ferry-boat crossed the Medway, and soon found myself at old Fort Pitt, the seat of the School. A more beautiful and commanding position for an establishment of this kind could nowhere be found; situated as it is, several hundred feet above the river, entirely overlooking the old city of Rochester, its majestic old Castle and Cathedral of Norman architecture; the city of Chatham, with its forts, barracks, navy-yard, arsenal, convict prison, etc., together with a magnificent region of country for many miles in extent; and the river crowded with ships of war, and numerous vessels lately engaged in the suppression of the slave-trade. The Army Medical School, I may remark, grew out of the recommendation of the Royal Commission on the Sanitary State of the Army, made in 1859; which recommendation, I believe, was the result of observations in regard to the qualifications of assistant-surgeons during the war in the Crimea. The School went into operation in 1860, with four professors, viz. T. Longmore, Esq., Professor of Military Surgery; Dr. Morehead, Prof. of Military Medicine; Dr. Parkes, Prof. of Hygiene; and Dr. Aitkin, Prof. of Pathology: with a salary of £700 sterling to each professor. An attendance of at least four months at this School is required of every candidate for admission into the medical service of the British and Indian armies. The candidate must be unmarried; at least twenty-one, and not above twenty-six years of age; must produce certificates of moral conduct and character; must labor under no mental or constitutional disease; nor any disability that can interfere with the most efficient discharge of the duties of a medical officer in any climate. He must possess a diploma in surgery, or a license to practise it, from the Royal College of Surgeons of England, Scotland, or Ireland, or the Faculty of Physicians and Surgeons of Glasgow, or some other corporate body legally entitled to grant a Diploma in Surgery, or a license to practise it. He must also possess a degree in medicine, or other legal qualification to practise medicine in Great Britain or Ireland.

If he possess the foregoing qualifications, the candidate is examined on anatomy and physiology, surgery, medicine, including therapeutics, diseases of women and children, and pharmacy. The examination is practical, and includes operations on the dead body, the application of surgical apparatus, and the examination of medical and surgical patients at the bed-side. He is also examined in comparative anatomy, zoology, and botany, with especial reference to materia medica. The names of successful candidates are then sent to the Director-General, or the Physicians of the Council of India, and communicated to the Professor of the Army Medical School, the names being arranged in three classes:—1st. Those who have passed a pre-eminently distinguished examination, arranged in their order of merit; 2d. Those who have passed a creditable examination, similarly arranged; and 3d. Those who have passed the *minimum* examination, also arranged in alphabetical order, according to merit. A statement is also furnished the professors in regard to the topics or branches in which each has excelled or fallen short, which enables the professors to carry out their instructions with a definite aim as regards each class. After passing this examination, which is a rigid one, each candidate is required to attend closely one entire course of practical instruction at the School, before being admitted to his examination for a commission, which is on—1. Hygiene; 2. Clinical and Military Medicine; 3. Clinical and Military Surgery; 4. Pathology of Diseases, and Injuries incident to military service. These courses are not less than four months' duration. This examination is conducted by the Professors, but the Director-General, or medical officers deputed by him, or the Physician to the Council of India, are generally present, and take part in it. If the candidate pass satisfactorily, he is then eligible for a Commission as Assistant-Surgeon.

While residing at the Army Medical School, each candidate receives an allowance of five shillings sterling per day, without quarters, to cover all costs of maintenance; and he is required to furnish himself with uniform, *i. e.* the regulation undress uniform of an assistant-surgeon, without the sword. There is a large military hospital in connexion with the School, now containing over three hundred patients, sent from all parts of the British dominions; thus illustrating the diseases of every climate and quarter of the globe. The School has a distinct and independent existence under the Secretary of State for War, and is governed by its own Senate. It is open to all Army Medical Officers. By the kindness of Dr. Parkes, I was shown by him every part of the establishment, and had everything fully explained to me. The museum is most extensive, and consists of four divisions:—1st. A collection of pathological anatomy, having special reference to the more prevalent diseases of the army. This is one of the most extensive, and I think the most valuable collection of morbid specimens I have ever seen; gathered, as it has been, from all parts of the world. A curator is constantly employed preparing and taking care of the specimens. 2d. A collection of specimens in geology and natural history. The Museum of Natural History is especially rich, containing many preparations and specimens not found even in the British Museum. 3d. A collection of materia medica and alimentaria, containing specimens of more important articles, both in their natural and prepared states; and of the principal seeds, grains, pulses, and other dry and prepared articles of food, from all parts of the world. 4th. A collection of plans and models of whatever is used in the army for the conveyance, support, or protection of wounded men; models of tents, hospitals, and the like. A bare enumeration of these articles would fill several pages. They readily teach through the eye, what could not be understood by description alone. The Library is very large, and contains all the standard works in every branch of medicine and the allied sciences. Attached to the Library is an ample Reading-Room, well furnished with maps, plates, prints, periodicals, etc., though I saw none from the United States among the large number on the table. Two sets of candidates for commission are ready every year; so that six months' residence at the School and Hospital is required, including courses of not less than four months' instruction by lectures. I need not add that the Lectures and Practical Instructions delivered at this School are directed exclusively to the Specialities of Military Medical Service. For example, the lectures on *Hygiene* are directed to impress forcibly on the mind of the student the whole principles on which the prevention of disease is based, not only in their scientific but in their practical aspect; and from thence the professor points out the special application of these principles to the preservation of the health of troops in barracks, garrisons, stations, camps, and on marches, both by practical instruction in the problems of Army Hygiene, and by reference to maps, diagrams, models, instruments, and other modes of illustration. The professor of *Clinical and Military Medicine* attends to clinical instruction in the Hospital, and gives systematic lectures on the diseases of armies. His teachings at the bedside have special reference to the more prevalent diseases of armies. He exercises the pupils in drawing up accurate histories of cases of disease under treatment; and examines and practises them in various methods of diagnosis, by auscultation, the use of the stethoscope, and the application of chemical tests. He delivers clinical lectures on the cases under treatment, and illustrates the management of hospitals, as to cleanliness, ventilation, nursing, etc., and points out the hospital diets in different diseases, and stages of disease, and during convalescence.

The professor of *Clinical and Military Surgery* also gives a course of lectures of a special and practical character, having constant reference to clinical instruction in the surgical wards of the hospital. So also the lectures on *morbid anatomy* are richly illustrated by specimens, and aided by accessory methods of observation, such as carefully recorded histories of cases of the more important and severe diseases prevalent at the military stations abroad. The students are instructed practically how to conduct pathological investigations and post-mortem examinations; how to examine the viscera; and how the results of diseased processes are to be distinguished from post-mortem changes, etc. A full course of practical instruction in the use of the microscope is given, together with its application in determining the nature of diseased conditions. I counted nineteen large achromatic microscopes in use. The students are shown and taught how to arrange and manipulate the instrument; the various modes of examining objects by it; of drawing the objects seen; of measuring the dimensions of the objects examined; how to examine tissues and morbid products, and apply chemical agents for their analyses, under the microscope; and lastly, they are taught how to preserve microscopic objects. Practical chemistry is thoroughly taught, so that each student is qualified to analyse foods, drinks, poisons, soils, water, urine, blood, etc. He is also instructed in the mode of preserving specimens illustrating diseases, or comparative anatomy, or natural history, so that they may be sent home from abroad.

I have thus given a very full account of this army school, inasmuch as it will serve as a very perfect model for one of a similar kind in our own country. It is very evident that such a school is imperatively needed; especially if, as seems most probable, we shall have to keep a large army in the field, for a long time to come. Our medical schools do not, at present, furnish that instruction which is specially needed for the military service, and this will be evident from the enumeration of topics and courses of instruction pursued in the army medical school at Chatham. Indeed, it is impossible in our medical schools, as their courses are at present arranged, or even under any circumstances (inasmuch as they are particularly designed to qualify for civil practice), to furnish that kind and degree of instruction, which is needed to prepare a young man for the proper and satisfactory discharge of his duties as a military surgeon. I sincerely hope that long before I return, this subject may be so brought to the notice of our Government, as to result in the establishment and endowment of a MILITARY MEDICAL SCHOOL, which will compare favorably with that of Great Britain.

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A SURGEON'S CERTIFICATE IN THE WESTERN ARMY:—"CAPTAIN ——, Ser, I have examined Mr Josuf ——, and find him unable to go into Survis at the presant time from debility of liver and disease which causes a ginerl debility of the hole sistem and I think he will not be able to go into Survis under 19 or 20 days. November the 23d 1861. Dr. T. M. ——

I the presents of G. T. M—— J. P."

Chicago Med. Exam.

Army Medical Intelligence.

CHANGES IN THE ARMY MEDICAL DEPARTMENT.

SURGEON TRIPLER, relieved by Dr. Letterman as Medical Director of the Army of the Potomac, is ordered to duty at Detroit, Michigan.

Assistant-Surgeon H. R. Wirtz is ordered to duty on the Medical Examining Board in Washington, vice Letterman, relieved.

Surgeon Barton Randall is relieved from duty at Annapolis by Surgeon Getty, and ordered to Fort Hamilton to relieve Assistant-Surgeon R. O. Abbott at New York.

Assistant-Surgeon Abbott is ordered to Fortress Monroe to relieve Medical Inspector Cuyler.

Assistant-Surgeon George Taylor is ordered to the Army of the Potomac, to relieve Surgeon A. B. Hasson.

Surgeon Hasson is ordered to duty as Medical Director of the department of Gen. Hunter.

Assistant-Surgeon H. J. White is ordered to duty as Medical Director of Gen. Keyes's army corps, relieving Surgeon J. B. Brown, ordered to duty with the army of Gen. Banks as its medical director.

Assistant-Surgeon A. K. Smith ordered to duty as Medical Director of Gen. Sumner's army corps, vice Surgeon J. A. Hammond ordered to duty in New York, in connexion with the reception and transfer of sick and wounded arriving there.

Assistant-Surgeon S. A. Stonow is relieved from duty at Fort Washington, and ordered to report for duty in one of the Washington hospitals.

Dr. J. H. Baynes, citizen physician, employed to relieve Assistant-Surgeon Stonow at Fort Washington.

Brigade-Surgeon R. K. Browne, relieved from duty at camp, near Portsmouth, Va., and ordered to duty with the army of Maj.-Gen. Butler, Department of the Gulf.

Brigade-Surgeon O. Hewson Bache, relieved from duty in the last mentioned army, and ordered to report for duty to the Surgeon-General here.

Medical News.

APPOINTMENTS.—The Senate has confirmed the following Assistant Surgeons as Surgeons in regular promotion: Jonathan Letterman, Pennsylvania; Robert O. Abbott, Pennsylvania; Thomas M. Getty, Virginia; David L. Magruder, Virginia; Wm. J. H. White, District of Columbia; John J. Milhau, New York; Horace R. Wirtz, Pennsylvania; Chas. Page, Virginia; Chas. Sutherland, Pennsylvania; Basil Norris, Maryland.

DR. PINCUS of Insterburg tells us, through *Casper's Vierteljahrschrift*, that, by means of permanganate of potash, the odor left on the hands of *post mortem* makers may be immediately and effectually removed. He has now used it with complete success for a year. The oxidizing power of this substance suggested to him its use for the purpose.—*Brit. Med. Jour.*

A COMMISSION, consisting of the leading physicians of Pittsburgh, Pa., namely: Drs. Dixon, Coffey, McCandless, and Hamilton, sent by the Sanitary Association of that city to aid in ministering to the wants of the sick and wounded soldiers, having been furnished by the Surgeon-General with all necessary facilities, have gone to the battle-field near Richmond.

THE Episcopal Seminary near Alexandria is now being fitted up as a hospital for convalescents, for which a thousand beds are being put into that building. The removal of that number of recovering patients from the other hospitals in this city and vicinity will make room for so many unfortunates in them.

TO CORRESPONDENTS.

M. C. W. (Durham, Me.)—To enter the regular Medical Staff of the Army you must apply to the Secretary of War, with proper testimonials of professional and moral character, for permission to go before the Army Medical Board at Washington; political influence will not *now* assist the candidate; if you desire to enter the service as a contract physician, at $100 per month, you can apply to Dr. Satterlee of this city, who will give you permission to go before a local Board of Examiners; this Board meets twice weekly, and is composed of the following gentlemen, viz. Drs. V. Mott, Watts, Flint, Van Buren, and Markoe.

D. W. H. (Chatesworth, Ill.)—Enter the Service as a contract physician according to above direction.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 23d day of June to the 30th day of June, 1862.

Deaths.—Men, 94; women, 66; boys, 129; girls, 72—total, 361. Adults, 160; children, 201; males, 223; females, 138; colored, 5. Infants under two years of age, 127. Children reported of native parents, 25; foreign, 145.

Among the causes of death we notice:—Apoplexy, 12; infantile convulsions, 23; croup, 10; diphtheria, 18; scarlet fever, 12; typhus and typhoid fevers, 13; consumption, 59; small-pox, 6; measles, 1; dropsy of head, 12; infantile marasmus, 19; cholera infantum, 6; inflammation of brain, 7; of bowels, 18; of lungs, 17; bronchitis, 5; congestion of brain, 5; of lungs, 8; erysipelas, 1; diarrhœa and dysentery, 5. 181 deaths occurred from acute disease, and 47 from violent causes. 236 were native, and 125 foreign; of whom 82 came from Ireland; 51 died in the City Charities; of whom 6 were in the Bellevue Hospital, and 9 died in the Emigrant Institution.

Abstract of the Atmospherical Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

June	Barometer.		Temperature.			Difference of dry and wet bulb. Thrm.		Wind.	Mean amount of cloud.	Humidity Sat'tion, 1000
1862	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	In.	In.	°	°	°	°	°			
22d.	30.10	.10	71	62	80	10	17	W.	03	540
23d.	30.04	.10	72	58	82	9	18	NE. to SE.	4	590
24th.	29.84	.20	57	56	60	2	8	N.E	10	900
25th.	29 80	.06	64	57	78	5	9	N.E. to W.	1	660
26th.	29 80	.95	68	61	77	6	9	NE.toSW.	6	670
27th.	29 86	.07	77	68	86	10	15	W.to S.W.	1	570
28th.	29.80	.10	80	70	90	11	16	S.W. to S.	04	570

REMARKS.—22d, Variable early, fine day. 23d, Clear A.M., rain late P.M. 24th, Light rain all day. 25th, Light rain early and late, also at 8½ P.M. 26th, Variable sky all day. 27th, Warm, variable mid-day. 28th. Sultry; hottest day of the first six months of the year. Rain for the week, half an inch.

Lectures on Ophthalmic Surgery.—

DR. JULIUS HOMBERGER, will give a Course of Lectures on the *Practice and Theory of Operations on the Eye.* Each student will have an opportunity to perform every operation several times on the eyes of animals.

For further information, apply to DR. HOMBERGER, at his Office 24 West Twelfth Street, in the forenoon before 11 o'clock.

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—The undersigned beg leave to inform the public, that they have established a DEPOT IN NEW YORK for the purpose of supplying the Trade at their Cincinnati prices.

All orders promptly attended to by

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[COPY.]

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Wm. H. Davol, M.D., late Physician

to L. I. College Hospital, Brooklyn, removed to St. Paul, Minn.

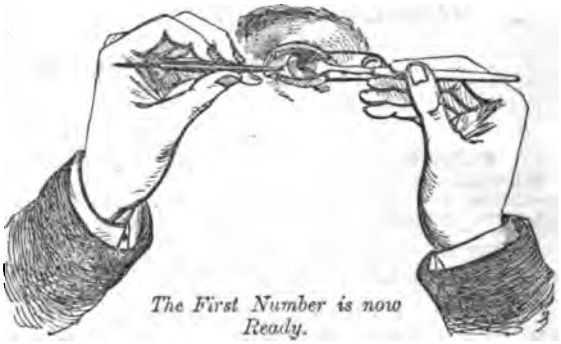
References.—C. L. Mitchell, M.D., T. L. Mason, M.D., Prof. E. N. Chapman, M.D., of Brooklyn; Prof. Austin Flint, M.D., Prof. B. F. Barker M.D., of New York.

To the Medical Profession.—Dr. I.

Parigot has changed his residence and is prepared to receive a very limited number of patients in his country house at Hastings, on the Hudson; he can be consulted in town at Dr. Douglas' Office, No. 12 Clinton Place, on Tuesdays and Saturdays, for Nervous Diseases and Medico-Legal questions.

American Journal of Ophthalmology

JULIUS HOMBERGER, M.D., EDITOR.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Medical Storekeepers.—The following

extract of an Act of Congress in relation to the appointment of Medical Storekeepers is published for the information of persons desirous of applying for such a position:

AN ACT to authorize the appointment of medical storekeepers and chaplains of hospitals.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the Secretary of War be authorized to add to the medical department of the army medical storekeepers, not exceeding six in number, who shall have the pay and emoluments of military storekeepers in the quartermaster's department, who shall be skilled apothecaries or druggists, who shall give the bond and security required by existing laws for military storekeepers in the quartermaster's department, and who shall be stationed at such points as the necessities of the army may require: *Provided,* That the provisions of this act shall remain in force only during the continuance of the present rebellion. Approved, May 20, 1862.

II. The following are the regulations which will govern the appointment of medical storekeepers under the first section of the foregoing Act of Congress:

1. A board of not less than three medical officers will be assembled by the Secretary of War, to examine such applicants as may, by him, be authorized to appear before it.
2. Candidates, to be eligible to examination, shall be not less than twenty-five years nor more than forty years of age; shall possess sufficient physical ability to perform their duties satisfactorily; and shall present with their applications satisfactory evidence of good moral character.
3. Candidates will be required to pass a satisfactory examination in the ordinary branches of a good English education, in pharmacy and materia medica; and to give proof that they possess the requisite business qualifications for the position.
4. The board will report to the Secretary of War the relative merit of the candidates examined, and they will receive appointments accordingly.
5. When appointed, each medical storekeeper will be required to give a bond in the amount of $40,000 before he shall be allowed to enter on the performance of his duties.

By order of the Secretary of War:
L. THOMAS, ADJUTANT GENERAL.

A Board of Medical Officers for the examination of applicants will be convened in the city of Washington on the first day of July, to continue in session one month.

Applications to appear before the Board should be addressed to the Secretary of War.

Surgeon-General's Office, June 5, 1862.

Sent Free by Mail on Receipt of Price.

On Uterine and Ovarian Inflammation;

and on the Physiology and Diseases of Menstruation. By E. J. Tilt, M.D. Third edition, with Colored Plates. 8vo. London, 1862. $3.75.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

On the Various Contrivances by

which British and Foreign Orchids are fertilized by Insects, and on the good effects of Intercrossing. By Charles Darwin, M.A., F.R.S., etc. 8vo. London, 1862. $2.80.

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This Tissue is always reliable, being of a uniform strength and blistering in six hours. It is neat, handy, economical, and of a great convenience for *Physicians (principally country Physicians) Pharmaceutists*, and *Patients*. Generally used in the civil practice; it is the only one employed in the active armies and hospitals of France.

ALBESPEYRE'S EPISPASTIC PAPER, is used for maintaining blisters, in preference to any drawing ointments.

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This Anti-Gout preparation is among the numerous topical applications possessed by therapeutics, the best external remedy for Gout, Rheumatism, and Neuralgia.

N.B. *It is very important*, in applying this oil, to rub gently on the inflamed part, *till the skin is completely saturated with the oil.*

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Every physician, every work of medicine, regards the Iodide of Iron as an excellent preparation, uniting the properties of both Iron and Iodine.

Each pill contains one grain of Iodide of Iron, the dose is two to four pills a day. None are genuine which have not a reactive silver seal attached to the lower part of the cork, &c., &c.

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BONJEAN'S ERGOTINE & DRAGÉES OF ERGOTINE.

Bonjean's Ergotine, or purified Extract of Ergot, is the extractive principle of Secale Cornutum, minus it's poisonous substance. In consequence, *Bonjean's Ergotine* may be given in doses proportionate to the danger of the case, without any risk for the life of the patient. The dose of *Bonjean's Ergotine* is from five to 10 grains, daily. One dragée (three grains) may be given, crushed, every two or three hours, in some grave cases of uterine hemorrhage.

LABELONYE, Phen., No. 19 Rue Bourbon, Villeneuve, Paris.

QUEVENNE'S IRON AND DRAGÉES OF IRON
BY HYDROGEN.

Physicians desirous to have a faithful article, will prescribe *Genuine Quevenne's Iron*, which is always uniform and reliable, and quite different from the commercial Iron by Hydrogen.

It comes in small bottles, with a tin spoon containing two grains of Iron, which is a dose. E. GENEVOIX, 14 Rue des Beaux Arts, Paris.

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PIERLOT'S VALERIANATE OF AMMONIA,
FOR NERVOUS AFFECTIONS.

This preparation is not at all like the one prepared by Apothecaries, after the formula published in the journals; its odor, its taste, and above all, its success, where the other one fails, will tell at once how different they are one from the other.

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Dose.—Two to three teaspoonfuls daily.

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Successfully prescribed in *Dyspepsia, Gastralgia, in slow and difficult digestion*, in *chronic diseases*, and also to arrest *vomiting during pregnancy.*

Dose.—Fifteen grains in powder, two or three times a day, just before eating.

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Each Granule contains one-third of a grain of Hydro-alcoholic Extract of Digitalis Purpurea. This preparation is an excellent sedative, a powerful diuretic, and is perfectly acceptable to the stomach. They regulate well the *Pulsations of the Heart*, increase rapidly the urinary secretions, act remarkably well in the *Nervous Palpitations, Aneurisms*, and *Hypertrophies* of the *Heart*, in various kinds of Dropsies, principally those symptomatic to the Heart.

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Dose.—Ten to twelve a day for an adult, repeated three days.

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The superiority of action of the *Lactate of Iron* is duly attributed to its perfect solubility in the gastric juice. It is daily prescribed for *Chlorosis, Whites, Amenorrhœa*, and general debility. Each Dragée contains one grain Lactate of Iron.

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Is daily administered as a tonic and principally for the nervous system, hence its advantageous application for *Neuralgia, Headache*, convulsions of the stomach, &c., &c. It is favorably spoken of by Drs. Trousseau, Pidoux, Grisolle, &c., &c. No. 98 Rue d'Anjou St. Honoré, Paris.

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The efficacy of this new preparation, containing two important elements of our system, Iron and Phosphorus, is admitted by all Physicians who have employed it. Being borne easily by the most delicate stomachs, it agrees very well with young ladies; it is used with decided benefit in cases of *general debility, Anemia, Dyspepsia, Neuralgia*, and principally where a nervous tonic is indicated.

Doses.—Two to four Dragees, three times a day, or a dessert to a teaspoonful three times a day. For children in proportion.

PERSONNE'S IODINISED OIL.

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This Oil, containing Iodine in an elementary combination, is very much like sweet almond oil in its taste and color; it has great advantages over cod-liver oil, as it can be administered in smaller quantity and without disgust for the patient. Ricord says: that the cure, or at least some modification of the disease, have always been obtained quicker with Personne's Iodinised Oil, than with cod liver oil. This oil is used in the same cases as codliver oil. Dose.—A teaspoonful two or three times a day.

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Lecture X.—Part I.

Diseases of Bones and Teething—Principal Effects of Rhachitis.—Age at which Rhachitis prevails.—Chemistry of Rhachitis.—Etiology.

About or a little after their first year, children begin to walk; such as are backward will be excused by the mother with their teething. Others commence to walk at, or soon after, the regular time, but their lower extremities, perhaps also the forearms and other bones, undergo very severe curvatures. Others walk at the right time, have their teeth when they ought to, but the sutures of the cranium do not close in time, the occipital portion of the cranium is softened, and symptoms of exudative meningitis show themselves. This is popularly believed to be from teething. Others have a somewhat compressed thorax, the sternum being prominent, the ribs flattened, and the points of insertion of the ribs at the sternum greatly swollen. This form of thorax, commonly called "chicken breast," is also said to owe its origin to "teething." And there will be a great many cases in adults, of scoliotic or kyphotic curvatures of the vertebral column, which will, either by themselves or others, be attributed to difficult teething in infancy.

The series of symptoms and affections which I have hitherto mentioned, have certainly a common cause, but whether teething is this cause, is another question. They, together with a number of other symptoms, constitute what has been named rhachitis, or rickets, the most constant and remarkable anatomical symptoms of which are the following:—

1. Enlargement of the epiphyses of the long tubular bones.
2. Softening of the osseous tissue generally.
3. Thickening of flat bones, skull, scapula, etc.
4. Deformities resulting from mechanical causes influencing the softened bones of the chest, pelvis, vertebral column, and the tubular bones. Those mechanical causes are principally, the action of the muscles, and the weight of the body.
5. Retardation of growth, in both bones and such portions as are in anatomical or physiological connexion with the bones: for instance, muscles, bloodvessels, nerves, and teeth.
6. Certain alterations in the pericardium, lungs, and integuments of the spleen, partly to be explained by the pressure of the deformed thorax.
7. Less constant, but highly important alterations in the nutrition of brain, spleen, liver, lymphatic glands, muscles, and other organs.

Rhachitis is eminently a disease of the infantile age, and is very rarely—in truth only in a few cases, part of which are even doubtful—found immediately after birth. The first symptoms show themselves at the age of a few months or years. A few statistical statements will suffice to give at least some information concerning the connexion between rhachitis and, particularly beginning, dentition.

Guérin found, in 346 cases of rhachitis, right after birth, 3; under one year, 98; under two years, 176; under three years, 35; under four years, 19; under five years, 10; under twelve years, 5, of this affection.

Luszinsky has the following percentages:—Under six months, 13; in another year, 20; under twelve months, 25; from one to three years, 56; from four to six years, 5; from seven years upwards, 1.

Of 1,654 rhachitical patients observed by Küttner, there were

	Males.	Females.	Total.
Under 6 months	14	4	18
From 6 to 9 months	31	18	49
" 9 mo. to 1 year	67	53	120
Under 1½ years	193	165	358
" 2 "	151	186	337
" 3 "	215	234	449
" 4 "	81	97	178
" 5 "	28	44	72
" 6 "	13	11	24
Over 6 years	21	28	49

The largest proportion of cases occur in the second year, after the protrusion of teeth has fairly commenced. The first weeks of life are almost exempt, but there have been described cases of not only early, but even fœtal development of rhachitis. Under eighteen months, the male sex appears to have the larger number of patients, while towards the close of the second year and later, the female appears to be more affected.

Extensive chemical investigations have led to the following results; that the general chemical character of rhachitical bones consists in too small an amount of the earthy salts. It is least during the height of the process, the remaining portions of the old tissue being more similar to the normal condition; the new formed "osteoid" parts, however, showing the greatest deviations. In these the amount of carbonic acid is also increased. The percentage of fat shows very little difference; indeed, with the exception of the long tubular bones, in which a large amount of fat is found in consequence of the soft medullary substance, both in the spongiose part of the bones and the dilated medullary canal. The specific gravity of rhachitical bones is generally diminished in proportion to the intensity of the process. The organic basis of the tissue has undergone no essential alteration, but the non-ossified cartilages have increased their proportion of water. The old question, whether the rhachitical bone yielded chondrin like cartilage, or gluten like bone, has finally been answered by the discrepancies of opinions being explained by the different and partially defective modes of inquiry. There is gluten, not chondrin, in rhachitical bone, which therefore ranks, not among cartilaginous tissue, but at the side of normal bone; while at the same time the increased amount of carbonic acid found in the recent rhachitical deposits places them side by side with the normal physiological process of growth.

As principal causes of rhachitis, many authors have considered either diminished introduction, or impaired assimilation, or increased elimination of phosphates. That the former assumption cannot be sustained is proved by the large amount of phosphates contained in every one of the articles of food in common use. Impaired assimilation depends on a diseased condition of one or more of the digestive organs, which, it is true, are always found disordered in a certain stage and development of rhachitis. Increased elimination of phosphates through the urine, according to Kletzinsky through the fæces also, is generally found to take place, but not always. Exceptions have expressly been stated—for instance, by Dr. Friedleben, who has found a number of instances of well marked rhachitis with no increase of the amount of phosphates in the renal secretion. He, moreover, points to the fact, that the presence of a surplus of phosphates in the urine, when proved, may just as well be the consequence as the cause of the rhachitical process.[*] For, certainly, where ossification is prevented from taking place normally, the phosphates have to be removed somewhere from the blood containing too large an amount of them.

Altered condition of food, particularly of the proteinates, and disorder of one or more of the important digestive organs, at a period of life in which the organism requires much and appropriate new material, are the prominent first causes of rhachitis. At the same time all such diseases and disorders which may lead to impaired assimilation and nutrition will help in bringing on rhachitis. Thus Dr. Friedleben lays particular stress on the importance of early diseases of the respiratory organs. It is true, that almost all the post-mortem examinations of rhachitical children have yielded collapse, induration, or atelectasis of the pulmonary tissue. These alterations must not be explained by the pressure of the abnormally curved ribs and costal cartilages, for those alterations are frequently found where there can be no pressure from the ribs; and experience teaches, that even the most acute processes, like pneumonia, will result in depressions and irregular configurations of the thorax. Thus in many cases not the rhachitical process of the ribs, but the morbid condition of the lungs, must be taken as the original source of asymmetry, depression, and narrowness of the chest. The frequency of pulmonary or bronchial affections, before or during the rhachitical process, appears to justify the assumption of a direct connexion between them; any serious either acute or protracted affection of the respiratory organs, necessarily involving an impaired condition of the blood from which every new tissue is to be formed. Just add thereto insufficient food wanting in proteine, narrow room, over-crowded population, bad air, and careless nursing, and you will no longer wonder at the combined result showing itself in the abnormal growth of the infantile cartilage and bone.

Original Communications.

AMPUTATION OF THE CERVIX UTERI.

BEING A PAPER READ BEFORE THE NEW YORK ACADEMY OF MEDICINE, APRIL 16, 1862.

By A. K. GARDNER, M.D.,

OF NEW YORK.

(*Continued from* p. 4.)

Hugier, in his great work on hypertrophic elongation of the uterine neck, says that there is great danger of opening both the bladder and the cavity of the peritoneum by the vaginal cul-de-sacs in these operations, especially if there be a relaxation of the superior portion of the vaginal walls, and quotes two cases where, in the practice of Langenbeck, death followed such openings by lacerations with the écraseur (p. 25), and subsequently gives directions for closing this wound with sutures, when by ill luck the peritoneum is injured (p. 164).

This danger Hugier considers to be the greatest in the posterior cul-de-sac, and gives his reasons as follows:—"The body of the uterus having very rarely completely left the pelvic cavity, its anterior face having ordinarily preserved its relations with the posterior face of the bladder, the uterine neck being in some degree alone prolapsed and elongated, the anterior (*vesico-uterine*) cul-de-sac has preserved almost its normal length. It shows a depth which varies from two and a quarter to three inches, according as the body of the uterus has more or less participated with the longitudinal hypertrophy; as the uterine neck is more elongated, and the anterior vaginal wall more completely retroverted. At all events, the inferior extremity of this cul-de-sac is situated at least two and a quarter inches above the anterior borders of the orifice of the neck, in such a manner that in the amputation of the latter there is no danger of touching it, so long as the bladder is not detached for an extent of an inch or an inch and a half, which is quite sufficient.

"The posterior cul-de-sac (*vagino-rectal*), which offers the greatest interest * * * * has followed the lengthening of the neck to its full extent, and the retroversion of the posterior wall of the vagina. Thus it descends much lower than the anterior cul-de-sac, and shows a depth which varies from four to six inches, and sometimes more.

"The inferior extremity, owing to the eccentric hypertrophy with which the under vaginal portion of the neck is affected, is seven-tenths to eleven-tenths of an inch above and behind the posterior border of the uterine neck. If the hypertrophy corresponding to the thickness does not exist, this extremity is distant from the orifice of the neck but half an inch at most.

"When the upper extremity of the posterior wall of the vagina descends below the orifice of the neck, and forms the most descending portion of the sub-vulval tumor, this cul-de-sac may descend an inch or an inch and a half below this opening, and attain even to the extremity of the tumor, from which it is separated only by the thickness of the vaginal walls, etc."

This statement corresponds with my own quite imperfect anatomical investigations of the comparative depths of the anterior and posterior vaginal cul-de-sacs, fortified, however, by the dissections of Dr. Steele, Demonstrator of Anatomy, New York Medical College (the actual comparative measurements of the peritoneal, anterior and posterior cul-de-sacs, I hope to give at some future time); and is a sufficient reason for the belief which I have expressed above, that "the probabilities of opening the peritoneum are quite considerable."

In those cases where there is simple hypertrophy of the uterine neck, or one lip only, as is frequently seen, uncomplicated by a prolapsus altering the relative positions of the various organs, this difficulty is not to be so much feared. Even when the accident does occur, the cases mentioned by Hugier and those here given, show that the danger is not really so great as would be expected. The important discovery of Sims, whereby the process of healing is not left to the slow process of granulation, but is speedily effected by union by first intention, also affects this accident most favorably, for thereby the opening is closed, the external air and all fluids prevented from entering, and the actual danger most materially lessened. From my limited experience I imagine that in many cases the opening of the peritoneum may be avoided by pushing the cervix upwards, instead of drawing upon it when cutting. Certainly the limit of the vaginal cul-de-sac may be seen, and when the duplication of the peritoneum does not run down into the neck, its division may thus be avoided. An examination of the anatomy of these morbid derangements will show that, in most cases, the peritoneum runs down almost to the very extremity of the cervix, as described by Hugier.

In this connexion we may also enumerate among the possible evils the *opening of the prolapsed bladder and rectum*. The possibility of such accidents will be readily seen by any one who makes a careful examination of the pathological anatomy of the parts. Practically, the effect of opening these organs is of little importance, except to recognise its occurrence, inasmuch as when it chances to occur they may be reunited by silver sutures, and thus form an unimportant part of the dressing of the wound, adding somewhat to its details, but not seriously complicating it, or interfering with the ultimate cure. However, whenever the prolapsus is entire, the vagina being entirely retroverted, then we may reasonably expect to find a hernia at these viscera, and the operation for amputation must be preceded by longitudinal incisions into and through the prolapsed vagina, whereby these organs are dissected out and eliminated from the protruding mass.

Finally, we have the greatest danger of the operation—subsequent *inflammation*. In fact, it is the actual danger already alluded to from opening the peritoneum. But independently of this extraordinary source of danger, there is a sufficient nucleus whence inflammation may spring in the amputated stumps. We know, how like wildfire amid the dry leaves of the prairie, a simple ulceration of the cervix uteri, or the irritation of a sound passing into the uterine cavity, or a sudden chill while the ovary is stimulated by the menstrual evolution, speedily becomes inflammatory, spreading both by continuity and contiguity of tissues, until a general and often fatal peritonitis is lighted up. As a matter of course, therefore, we must look for more or less extensive general peritonitis after an operation of such magnitude as that we are now considering. As in all uterine cases, we cannot predict with any certainty the time for its appearance. It rarely appears in less time than forty-eight hours, and not unfrequently is delayed a week or more, when it springs up in consequence of the slight superadded irritation from the use of a vaginal injection, from the introduction of an exploring finger into the vagina, from the presence of fæces in the rectum, or the efforts at their removal, from the slight movement made in changing the dress or bedclothes, or from too early sitting up in bed. Hugier speaks of its occurrence many days after, when the cure was supposed perfect, in consequence of sexual intercourse. Such long deferred attacks of inflammation are, however, rarely serious. It may easily be seen that the tendency to this delayed inflammation is almost entirely prevented by the method of closing of the wound already mentioned, and its healing by first intention in the course of a few days. Indeed, this Simple procedure almost entirely strips the operation of all danger from this cause, where the hypertrophy is partial or small, and where there is no injury done to adjacent tissues and organs. Should we, however, have acute peritonitis ensuing, even with local peritoneal lesion as described, we have simply to meet it with the ordinary remedies. First are topical appliances, hot cataplasmata, and fomentations, and particularly turpentine stupes to the abdomen. I prefer cloths (wet with the ordinary "burning fluid" of commerce) kept constantly to the abdomen, even when almost denuded of its cuticle. I believe there is an absorption of some of its properties of great curative value. The bowels may also be advantageously kept open by turpentine given by the mouth. Next, I rely upon opium, given till entire quiescence is obtained. The narcotism produced by the heroic doses, which have been, more than at present, so popular, has not seemed to me to be often advisable. Often, after I have obtained all the good effects thought possible from opium by the mouth, I have found marked advantage from its administration by enema or in suppository.

Furthermore, the case should be treated by the ordinary means for combating peritonitis springing from any cause, by leeches, sinapisms, blisters, etc. I have never found reason to use mercurials, so often beneficial in idiopathic peritonitis, and I may also say very rarely dare to use quinine. In the case quoted there was evidently a miasmatic taint complicating the disease, but knowing the very great emmenagogic properties of quinine (unsurpassed in my experience by any other medicine) I forbore its administration. When, a month after the operation, it was resorted to for an actual intermittent outbreak, the menses were reproduced, a fortnight only after their previous appearance. M. Hugier proposes as a means of *prevention of inflammation*, a preparatory counter-irritation by rubbing the upper and internal surface of the thighs with croton oil some days previous to the operation, and keeping up a vigorous crop of pustules for twenty or twenty-five days afterwards, not sufficiently, however, to excite marked pains, or fever.

Scanzoni advises less formidable amputations for less formidable diseases. He advocates the removal with the knife or scissors, of portions of the os which may be hypertrophied or in a state of chronic congestion, such as the anterior or posterior lip. He thinks this a more rapid and effective operation than the actual cautery, or the Vienna paste moxas advised by Bennet, and equally devoid of danger. In short, he proposes to do understandingly, exactly what Lisfranc did when he amputated the cervix uteri in so many cases of supposed incipient cancer, and with such uniform success, which in reality were only the simple hypertrophies now so generally recognised. He says of hypertrophy of the neck: "As for treatment, we have so often observed the small efficacy of therapeutic measures, whether general or local, that now we practise nothing but amputation of the hypertrophied portion." Sims has also acted in the same manner; and in the translation of Scanzoni, above referred to, I have stated in a note my approbation of this method of treatment, having practised it repeatedly. It may thus be seen that, in widely separated portions of the world, numerous gynecologists have adopted a similar line of practice as the result of their own observations.

A matter of some importance is *keeping the os uteri open.* In the cases of Hugier, which were left to heal by granulations, we find no mention of any attempts made to keep the os open; the natural tendency of the cicatrization by granulation which he employs being perhaps in that direction; for in the cases which he gives in very full detail, there is no mention made of any closure of the canal. This condition of things is, however, somewhat different, if not entirely reversed, by the method of dressing already given with the aim of procuring union by first intention. In the former, the process of cicatrization is not necessarily one which draws the parts together; in the latter its tendency is evidently to close the os. Sims, in his earlier cases, kept the os open by placing a piece of sponge within it, immediately after the operation. Thinking that this produced some irritation by its continual presence as a foreign body, he omitted it, and daily passed a sound through the canal. The result, in all the cases, was more or less the same. There is a marked tendency to contraction, and it is only by constant effort that the canal can be kept pervious.

There is no record that I am aware of, where *pregnancy has occurred* after the complete amputation of the cervix. It may be owing to this cause alone, for certainly we find in the otherwise normal os that sterility does occur, and that pregnancy does take place after its successful opening by division or otherwise. As we know of no reason why pregnancy should not take place in a uterus otherwise healthy, even without its normal cervix, is it unreasonable to ascribe it to this stricture of the outlet of the canal?

In the case above detailed, menstruation ceased one week before the operation, again took place about two weeks afterwards, lasting three days, gradually commencing, gradually declining, reappearing again exactly four weeks after the operation. In this case I took no pains to keep the os open. I had intended to pass the sound daily into the canal, but feared lest I might pass it through the rent in the peritoneum into the abdominal cavity. I concluded that rather than run the risk, I would take the chances of being compelled to open the canal with the knife, in case the menses were retained. The result proved that the operation was not necessary. At the present time it is impossible to say whether any operation will be necessary for the purposes indicated.

Another point worthy of notice is a statement made by Sims as a matter of practical importance, and that is respecting the size of the portion to be removed. He states that "in amputating the tonsils, it is not necessary to cut out the entire gland; the removal of a section will suffice, as a large part of the remainder will disappear by absorption. In removing an intra-uterine polypus, it is not necessary to cut the pedicle close to the wall of the uterus; if half an inch of it be left, it will disappear by the process of absorption. So in amputating the cervix uteri, it is not necessary to cut it off even with the vaginal insertion to secure a good result; if half an inch of it be left, it will still decrease by modified nutrition." If this statement is correct, it is extremely important; for if so, the dangers of opening the peritoneum, the bladder, and rectum are greatly lessened. I am not, however, prepared to accept the statement as a general one. There is little analogy between the tonsils and the os uteri. Among other differences, sometimes, after removing a large portion of the tonsils, they still do grow again, requiring subsequent operations. As yet, there is no record of any subsequent growth of the cervix requiring a secondary amputation.

Next, I have removed portions of intra-uterine polypi, not being able to get at them sufficiently to remove them entire, and yet, though much mutilated, I have been painfully conscious that their death or diminution in size was not always effected. Such a result, however, will unquestionably often happen after the age of menstruation has passed, and the statement, thus limited, may be correct.

Reasons for Operating.—It may well be asked, in view of the pains and perils, small indeed as they are, why operate at all? It is an erroneous idea, that these malformations are not dangerous; for while it is true that many women will live on, for years, without having their life apparently in any degree shortened by the affliction which they constantly bear around with them, it is yet true that death is not unfrequently the result. Hugier well catalogues the numerous train of evils which are directly caused by uterine prolapsus. Without mentioning many obvious ones, of comparatively slight importance, such as the ulceration of the exposed surface, the bladder, drawn out of its normal position, is also in a degree prolapsed, and resembles a gourd, on which a deposit from the urine is made, forming sometimes isolated calculi, occasionally ulcerating through the tissue, complicating the case with a urinary fistula—sometimes forming incrustations which line the membrane with a pink, stony coating.

Nor is this all; these patients thus afflicted are subject to peritonitis, both acute and chronic, and Hugier mentions having seen three women with this complaint attacked by some intercurrent disease, and dying from peritonitis. He also quotes another case, where fatal peritonitis ensued after the reduction of prolapsus and the use of a pessary, and in which the operation was neither difficult nor painful. Gangrene, too, sometimes attacks the exposed portion, ending in death.

Mr. Hugier asks if you can call this a simple infirmity which, even if these accidents do not occur to complicate the case, is yet a burden for life? Up to a certain point, indeed, the wealthy lady may take such hygienic care of herself as to make herself comfortable, avoiding labor, exercise, and active pleasures; but the poorer woman, who lives a life of toil, the washerwoman, the wife of the artisan and mother of a family, cannot keep this tumor reduced, and the prolapsus speedily becomes a matter of the utmost seriousness, interfering with micturition, defecation, even with locomotion, weakening and exhausting the system by profuse leucorrhœas, excessive menstruations, and metrorrhagias, and by the prostrating effects of the continued discharges of pus and mucus from the ulcerated surfaces, kept constantly irritated by the urine, fæcal matters, and frictions to which it is subjected.

If to this picture, which is far from being too highly colored, for it is only the faithful description of actual facts, there be added the serious inconveniences which arise from the deprivation of the use of the sexual apparatus, and being exposed to all the inconveniences and accidents which this forced continence occasions; if, besides this, the sad calamity is superadded, of being an object of repulsion and disgust to him with whom in delightful intimacy the woman should live, we can comprehend her ardent desire to be delivered from this load; and it is the duty of the physician to neglect no means to restore her health, to shelter her from such serious accidents as are liable to occur, while at the same time he restores her to society.

Furthermore, there is not in reality the danger to life which is generally supposed to exist. Hugier has operated in fourteen cases with but one death, and in this the postmortem showed that there was not the slightest inflammation of the uterus or its appendages, or of the peritoneum, and that death ensued from disease in the brain accidentally supervening. Chassaignac has operated six times with the écraseur, and with uniform success. Sims has also operated in twenty-seven cases.

As is apparent, I have not in this paper attempted to make a complete history of this disease, the failure or success of its cure by medical agencies, nor even any full detail, either of the operation in general or the case given in particular. I have merely sought to draw attention to a comparatively new method of treating an old complaint, showing its successes and its dangers, giving such thoughts of my own as seemed to be worthy of consideration in this connexion, but principally to add another flower to the garland crowning the brow of our fellow member who has done so much to perfect the treatment of the surgical diseases of women.

REMARKS ON ALBUMINURIA,

MADE BEFORE THE NEW YORK ACADEMY OF MEDICINE.

By A. CLARK, M.D.,

PROF. OF PRACTICE AND PATHOLOGY.

(*Continued from page 5.*)

Probably the next most frequent occurrence in the large kidney is the œdema, which, it is said, generally begins in the face, or is noticed first in the face and afterwards in other portions of the body. It has been said that the œdema from Bright's disease can be distinguished from that accompanying cardiac affections by the fact, that the latter first makes its appearance in the feet, and the former in the face. This, I am prepared to say, is a delusive statement, except in the more acute forms. The œdema of Bright's disease occurs in the feet sooner than in the face, in a great many cases—certainly in so large number, that if we adopt that view, we shall be often misled.

This œdema, as is very well known, sometimes becomes enormous, and the patient becomes so "water-logged," that his locomotion is almost entirely prevented, and his life becomes a burden to him. In the majority of cases, however, it does not reach that extreme degree. It is well known that it sometimes ruptures the skin. Here I may remark, that it is the result of my observations, that when these spontaneous openings occur, they are far less likely to be followed by inflammatory action than when the lancet is used. It seems as if nature were safer in her method than the surgeon with his. This œdema, then, being of frequent occurrence and of considerable importance in itself, it would be agreeable to me if anybody could explain its nature. Why does uræmia produce this dropsical condition of the whole body? It is mainly in the connective tissue that this effusion takes place; the cavities are not so frequently affected, or rather are very partially filled. It has been said, that it is in consequence of the blood being watery, from the absence of albumen; but the œdema occurs, in some cases, before the cachexia shows itself, while in other cases, even when the cachexia is present, no œdema exists. This reason does not seem to be sufficient to account it. It has been stated, that the dropsy is caused by the stimulation of the capillary vessels by the excess of urea in the blood. I do not well see how the œdema could be the result of any kind of stimulation with which we are familiar, unless it be of an inflammatory character. While on this subject, I may say again that this anasarca is not seen in some of the cases in which the kidneys are found, after death, large and pale, and I repeat it for the sake of adding, that in some of the instances in which general œdema does not exist, a little watery exudation under the conjunctival lining of the lower eyelid may be noticed, giving the appearance of a tear in the eye. This fact is referred to by Goodfellow.

The amaurosis that occurs in the progress of Bright's disease is one of the very interesting features of it. It is not of very frequent occurrence, presenting itself, perhaps, in one in every eight or ten cases, usually attacking both eyes in about the same degree, and in certain instances improving as the general symptoms improve. It appears as a sort of blur or indistinctness in the vision. The patients complain that while reading, the letters run together, and this increases until they are unable to distinguish, in some instances, the figure of a person that is before them. Hearing that this blindness, complete or partial—it is rarely absolute—was dependent upon fatty degeneration of the retina, I asked one of the gentlemen who is familiar with the use of the ophthalmoscope, Dr. Noyes, to be good enough to examine two persons that I sent him, having this infirmity; and he reported that in both instances there were large shining spots in the bottom of the eye, which were due to fatty degeneration. So far as our knowledge goes regarding this degeneration, I suppose we are warranted in calling it fatty, and also in saying that this fat will be removed if the symptoms of the disease in general are found to subside; otherwise, this defect of vision seems to be permanent. Why the eye should be selected as the seat of fatty degeneration, in the progress of Bright's disease, is certainly a mystery; and I am not yet prepared to say whether this amaurosis ever occurs in any other forms of the disease except in the enlarged kidney. I cannot remember an instance in the small or contracted kidney. My impression is, that it is nearly, if not wholly, confined to the first form of the disease.

There is another feature of this affection that will engage the attention of the physician, and not unfrequently subject him to the most serious anxiety—it is the occurrence of sudden œdema of the lungs. That œdema should occur in the lungs is not surprising, if we admit its existence in other parts of the body, but, that it should occur unexpectedly, that it should commence and reach its height in ten minutes, and produce an amount of dyspnœa that seems to threaten life; that it should continue for one, two, or three hours, and then abate; or sometimes persist for days, or destroy his life in a much shorter period; or subside and recur at the same hour on the next day, or at a distant period, presenting always the same threatening aspects, is one of the circumstances which is known to belong to this disease, but for which I cannot find a satisfactory explanation. It is true that the severest sufferings from this cause are noticed in those who have disease of the heart as well as Bright's kidney, so that the occurrence of a distressing dyspnœa in the course of the latter affection would render it probable that heart disease accompanies it. Still, uræmia alone can produce the œdema, though usually less frequently and less severely.

There is another form of dyspnœa which occurs in the same connexion—it is a mere nervous dyspnœa, a feeling on the part of the patient that he cannot breathe, when in truth there is no physical obstacle; as if there were a certain degree of paralysis of the nerves that govern the muscles in respiration, compelling him to make it a voluntary act.

Another symptom very common and interesting to me is the dyspepsia, and I may associate with it, perhaps with propriety, the vomiting and flatulency that occur in this affection. Very few cases of Bright's disease run their course, if my experience can be relied on, without the production of very marked dyspepsia, and that almost always of the flatulent variety. As to the vomiting, a very considerable number of persons vomit so much that nutrition and medication are very materially interfered with. Very many times dyspepsia and this vomiting are associated with a sense of oppression, and not unfrequently of fulness, or sometimes of emptiness across the epigastric region, and this will remain not unfrequently for weeks and months together, and continue through times when there is not a great deal of flatulency. Goodfellow advocates the opinion that the dyspepsia and flatulency are to be attributed to the circumstance that the urea is separated from the blood in the stomach, and to a certain extent neutralizes the gastric juice. How true this statement is, and whether there have been any experiments made to prove its correctness, I am unable to say. The concurrence of these symptoms with Bright's disease is worthy of further investigation. Vomiting is so frequently associated with flatulency, that it sometimes assumes a projectile character—Goodfellow calls it explosive vomiting.

In two instances which have come to my knowledge, and which are recorded in the thirty cases already spoken of, vomiting has been, together with these distressing sensations, almost the only symptom. It may, perhaps, not be unprofitable to refer to these cases.

A patient sixty-eight years of age, a farmer by occupation, who had been a hard worker, and at the same time a pretty free drinker, began to suffer about two years before his death with flatulency and occasional vomiting. Gradually the complexion changed, and became of the peculiar kind that I have just now been attempting to give an idea of, so that during nearly the whole of the last year of his life, the physicians who saw him were of the opinion, in consequence of the vomiting, that he had cancer of the stomach. I saw him two months before his death. I was of the same opinion. The vomiting soon became so considerable that he had to be nourished by injection. When he died, and we came to the post-mortem examination, I could not divest myself of the idea of cancer. But none was found. The mucous membrane of the stomach was somewhat thickened, but not more so than we should expect in a person accustomed to drink freely. Nothing was found at the post-mortem examination that would account for his death, but the disease of the kidney to which I have alluded, and we were compelled to say that the vomiting was sympathetic and symptomatic, and yet really the cause of his death.

Another person in Bellevue Hospital, a woman, I have the history of. She was received in the phthisis ward under the supposition that she had consumption. I could discover in her no tubercles, and I consequently caused her to be transferred to another ward. I made a great many examinations of her, but could discover no serious disease, and was inclined to the opinion that she was a malingerer, who was only waiting for warm weather to come—it then being winter. She had no symptoms, except that it was said she vomited occasionally. About four or five weeks before her death, the report was that the vomiting was increasing, and I accordingly studied the case anew. It was really the only symptom of which she made any complaint. I now for the first time was impressed with the idea that some grave disease existed. There was no œdema, no difficulty of breathing, only this vomiting, with the sense of distress across the region of the stomach. The urine was not examined, for at that time I had not learned to suspect Bright's disease from such symptoms alone. This woman died, and when the post-mortem examination was made, the kidneys were found to weigh seven ounces each, to be partly fibrous and partly of the white variety.

(*To be Continued.*)

New England Soldiers' Relief Association, No. 194 Broadway, N. Y.—This Association, representing the Sons of New England resident in the City of New York, was organized—"*To procure the necessary means, and to provide suitable care, attendance, and accommodations for the sick, disabled, and wounded New England Soldiers, as they pass through the city on their way homeward from the War.*" Medical Board: E. R. Peaslee, M.D., *President;* Lewis A. Sayre, M.D., *Vice President;* W. R. Donaghe, M.D., *Secretary. Visiting Surgeons:*—Drs. F. J. Bumstead, W. R. Donaghe, E. R. Peaslee, H. B. Sands, L. A. Sayre, W. H. Van Buren. *Visiting Physicians:*—Austin Flint, A. K. Gardner, Horace Green, E. W. Lambert, B. W. McCready, A. Underhill, J. Worster. Alfred North, M.D., *Resident Surgeon.*

Government has taken possession of the Churches of Washington and Alexandria for the purpose of converting them into hospitals. It is stated that they are to be used only for convalescents, to relieve the crowded condition of the regular hospitals, and also provide for any emergency following a great battle.

Maine Medical School.—This school has recently received a donation of $1000 from an old pupil, Dr. Seavey, of Bangor, to be expended on the Anatomical Cabinet. The attendance upon lectures this year has been larger than usual, showing that the school is unusually prosperous.

Reports of Hospitals.

HOME FOR SICK AND WOUNDED SOLDIERS.

U. S. MILITARY HOSPITAL.

LEXINGTON AVENUE AND 51ST ST., N. Y.

The U. S. Military Hospital, better known as the Ladies' Home for Sick and Wounded Soldiers, was dedicated with appropriate ceremonies on the 2d of May last, since which time about 360 patients have been admitted, 210 remaining under treatment. The Medical Director is Dr. A. B. Mott; the House Surgeons, Drs. A. E. M. Purdy and John W. Robie. The institution contains six wards, and when very crowded, a seventh ward is at the disposal of the directors. It has been found necessary, since the 25th of last June, to erect immediately opposite the hospital, on high and rocky ground, six hospital tents, making two wards, each of which contains eighteen patients. These are accommodations intended for convalescents.

The usual number of cases of gunshot wounds that have been treated, have been generally confined to the lower extremities. The frequency of such wounds in the lower parts of the body has been often enough noticed in the present campaign, and proves that the order to the enemy to "fire low" is pretty generally observed. The amputations that have been performed have been twelve in number, and some of them are of sufficient interest to merit a detailed report, which we hope they will receive from those gentlemen who have had them in charge.

The cases at present in the hospital which are perhaps of most interest, are those of fever. This fever is, according to Dr. McCready, the present Attending Physician, simply due to malaria, although it possesses many of the symptoms which attend the typhoid. Diarrhœa is an almost constant symptom, and lasts, in most instances, during the whole disease, from four or five days to as many months. Delirium is occasionally noticed in the severe cases. Then again, the rose-colored lenticular spots, which are considered by many characteristic of typhoid fever, exist in almost every case; they are elevated, and readily disappear on pressure. The time of the appearance of this eruption is not known, as all those cases which have it are not admitted until it is fully developed. As distinguishing this form of fever from the true typhoid, there is noticed a marked disposition to exacerbations, and sudden collapses, which may take the place of the exacerbations. A patient may be doing well, his pulse frequent but full, his mind clear, his tongue clean and moist, when in the course of perhaps three or four hours, and in many cases in a much shorter time, the pulse will disappear from the wrist, and the cutaneous surface be moist and cold, death ensuing in a few hours. The tongue in the mild cases is moist and slightly furred, while in those of a more severe form of the disease it is dry and disposed to crack. The mind is generally clear to the last; and it is not uncommon when there is not the slightest pulsation in the radial artery, for the patient to talk intelligibly, and feel himself well enough to sit up. The appetite is generally pretty good. When asleep the aspect of the patient is similar to that presented by a desperate case of typhoid fever, the decubitus is dorsal, the skin of that peculiar flushed color, the breathing accelerated, lips dry, and the sclerotic conjunctiva plainly visible through the half-closed eyelids; yet if that patient be aroused, the brightening up of his countenance and the animation of his manner are as surprising as they are sudden. He will answer questions without the least hesitation, and seem not at all annoyed by the disturbance. Scorbutus is rather a common complication, and inflammation and subsequent suppuration of the parotid gland have been noticed in four or five instances. This latter complication is said to be frequently met on the Chickahominy.

The fever seems to be caused solely by a residence in miasmatic districts, while the scurvy can without doubt be attributed to scanty fare and overwork.

The prognosis of the disease is good, except when cases come in in a very reduced condition.

The general treatment consists in the administration of quinine in three-grain doses every three or four hours, with the requisite amount of stimulants and beef-tea. When the skin becomes moist, the salt is given in doses of ten grains once a day, followed by five-grain doses every three or four hours. When the stomach is irritable, or the patient much reduced, the quinine (ten grains) mixed with starch is given per rectum twice during the day. As soon as the patient begins to "flag," stimulants are administered in increased quantity, brandy, milk punch, port wine, or whiskey being used, according to individual indications. The quantity of stimulants used varies from four ounces to fourteen in the twenty-four hours. When the diarrhœa is an urgent symptom, opium is administered, and the stimulant which seems to agree best with these cases, on account of its astringent effect, is the port wine. The scurvy is treated, in connexion with the other remedies, with raw potatoes, and milk, oranges, lemons, lemonade, etc.

No opportunities for post-mortem examination in these cases have been as yet afforded.

Simple chronic camp diarrhœa prevails to a considerable extent. Opium and tannin, however, generally serve to remedy the disease, but if they fail, the following injection has been found to be almost infallible:—Sulph. morphine, one-half grain; subnit. bismuth, ten grains; starch, one pint.

There have been some cases of rheumatism, which of course were placed upon the alkaline treatment. They all recovered.

The culinary department, being under the exclusive charge of the ladies, is most excellently managed. The fare is of the choicest kind, and is served up in a manner to entice the most capricious appetite. On the whole, we will venture to say, never were soldiers better cared for.

Reports of Societies.

NEW YORK ACADEMY OF MEDICINE.

Stated Meeting, April 16, 1862.

DR. JAMES ANDERSON, PRESIDENT, IN THE CHAIR.

DISCUSSION OF DR. GARDNER'S PAPER ON AMPUTATION OF THE CERVIX UTERI.

Dr. Sims, in reference to the mortality of the operation, was sorry to state that a fatal case had lately occurred in his own practice. The operation was performed at the Woman's Hospital about two weeks before, in the presence of Dr. Bulkley and other gentlemen, for hypertrophy of the cervix. The patient was 26 years of age, and had been treated in the institution for three or four months without any benefit, and out of the hospital various means had been resorted to for some time previous to her admission. At last, amputation of the cervix was determined upon. The operation was performed in the way described by Dr. Gardner, and everything progressed favorably for five or six days. She was then taken with a chill, and other symptoms of metro-peritonitis supervened. No alarm was felt until the patient had been sick a week, when a new set of symptoms set in, which indicated the presence of inflammation of the left pleura. This complication resulted in death. He inclined to the belief that the overcrowded state of the Hospital tended more than anything else towards the fatal termination of the case, inasmuch as many of the most trifling operations performed within the last two weeks were attended with metro-peritonitis, and other like grave complications. He did not think it was possible, in the great majority of cases, for conception to take place after amputation, owing to the contraction which follows. The only case which had come under his observation bearing upon this question, was that of a lady who had borne seven or eight children, but who, at the time of entering the Hospital, was suffering from hypertrophy of the uterus, but more especially the cervix. At that time Dr. S. was in the habit of removing first the anterior portion of the neck, and then, after allowing an interval of a month or two, the posterior portion. The first operation had been performed, when the patient conceived at her next monthly period.

Dr. Barker, while he always had before him a fear of taking up too much of the time of the Academy, nevertheless, on this occasion deemed it his duty to make a few remarks on a subject to which he had devoted a good deal of attention. He desired more particularly to examine into some of the points on which he was inclined to differ with the author. In regard to the character of the enlargement of the cervix referred to in the paper, and the proper treatment for its cure, he did not suppose there could be any difference of opinion. The case related and specimen shown was the most remarkable instance of the kind that he had ever seen or read; in fact, he had not met with anything that would even compare with it. He had understood the author to speak of cauliflower excrescence and cancer as identical; this view was, in his opinion, altogether erroneous. Cauliflower excrescence was essentially a local disease; when once eradicated very seldom, if ever, returned; and was, according to Bennet, merely cancroid in character. The same was true of corroding ulcer. In relation to the views of Mr. Hugier, Dr. B. professed himself thoroughly acquainted. At first, from the great confidence he had in the individual, he was prepared to give them every credence, but a somewhat extended observation subsequently led him to an altogether different conclusion. Though he had never had a service at Bellevue Hospital for the last seven years without one or more cases of procidentia, in not one single instance had there been any considerable hypertrophy present. Dr. Bennet's views regarding the pathology of prolapsus, he had long since held to be without foundation, for he had frequently seen complete procidentia where, instead of hypertrophy being present, the organ was so much atrophied that it measured but two and a half or three inches. There were some cases of hypertrophy of the intra-vaginal portion of the neck, which he believed to be congenital. He had repeatedly seen cases where there was no procidentia, where a portion of the neck was projecting through the vagina.

In reference to the causes for performing the operation, he would name an additional one to those made by Dr. Gardner. This was fibrous tumor of the cervix. He had performed the operation twice for that disease. He had performed the operation eight times. Three of the cases were for cauliflower excrescence; one for corroding ulcer of the cervix; two for fibrous tumors of the cervix, and the remaining two were for congenital elongation of the neck. Of these eight cases, seven recovered without any serious effect following the operation, and one of them died in the course of forty-eight hours afterwards. The fatal case was one of cauliflower excrescence, about three inches in diameter. The disease had not extended to the vaginal portion of the neck, and therefore the case was regarded as one which offered every chance for a perfect cure. The patient was a very poor woman, the mother of three children, who first presented herself at the clinic of the New York Medical College. Board was procured for her with suitable attendants, and the operation was performed in due time, with the assistance of Dr. C. A. Budd. The hour of the operation was two P.M., and the patient was previously enjoined to make her breakfast very light, and eat no dinner, in order that no vomiting should occur after anæsthesia. This request she was unable to follow, and the consequence was that half an hour after the operation, she was attacked with vomiting. Previous to the attack of vomiting, the pulse was eighty-four, and the patient did not seem to suffer from any of the effects of shock; but subsequently she was attacked with peritonitis, of which she died. One of the cases, which was also one of cauliflower excrescence, died six months after the operation, from reappearance of the disease. The third case of cauliflower excrescence was operated upon in the winter of 1857, and is now in the enjoyment of perfect health. He had never seen any danger from hæmorrhage in his cases. He always provided himself with jeweller's cotton batting, to pack the vagina with. This material, before the discovery of the uses of the liquid persulphate of iron, was always moistened with the compound tincture of benzoin; making use of these means he had never lost more than an ounce or two of blood.

In performing the operation, Dr. B. always prefers the use of the bistoury to the écraseur. He had seen Simpson on one occasion use scissors, but cicatrization was so long delayed in that instance by the bruising of the tissue, that he resolved never to adopt this method. Inasmuch as the peritoneal attachment of the posterior surface of the uterus was lower than the anterior, he was accustomed to commence the operation at the posterior portion of the cervix, and excise from behind forward. If the anterior portion was excised first, the traction upon the posterior portion would tend to draw it down lower than was necessary or desirable. In reference to the advantage claimed for the écraseur in preventing hæmorrhage, he thought that such danger was more than proportionably decreased by the rapidity of the operation, as performed by the knife, and the almost immediate restoration of the organs to the normal position. Besides this, compression could be made use of without delay in the manner already alluded to. In all his cases, cicatrization took place in a much shorter time than twenty days, and he was surprised at the length of time which the author of the paper spoke of as being requisite. This he supposed was due to the use of the écraseur. In one of the cases where the cervix was removed for fibrous tumor in a patient of Dr. Harris, the healing process was complete in a week.

The question as to sterility was a very important one. He wished, in this connexion, to allude somewhat in detail to one of the cases of congenital malformation of the cervix, for which amputation was performed. The patient had been married seven years, and had suffered occasionally from excessive menorrhagia, from leucorrhœa, and from more or less pain during sexual intercourse. The anterior lip was about two inches in length, and the posterior lip three and a quarter inches long, curled over, and it was so dense in structure that pressure upon it would move the whole body of the organ forward. The cervix was amputated, and she did not menstruate subsequently. When the first menstrual period had passed, occlusion of the cervical canal was suspected, but all fears were dismissed by a speculum examination. At the next period there was evidently some enlargement of the breasts, and there was also morning sickness, which proved that she was pregnant. Since that time she has borne two children. In several of the cases, Dr. B. had found some evidences of a tendency to peritoneal inflammation following the operation. In about half the cases, on the second or third day, there was a good deal of febrile action, tenderness of the abdomen, and more or less peritonitis. Previous to the operation, he is in the habit of evacuating the bowels thoroughly, and the way is then always prepared for the administration of opiates, which latter remedy he has found of special benefit in those cases of febrile excitement referred to.

Dr. Conant thought that the danger of wounding the reflection of peritoneum posteriorly would be obviated, by first making an incision round the cervix at the attachment of the vagina, then pass below the peritoneum and apply the écraseur. A very common cause of procidentia was, in his opinion, often lost sight of, viz. the weight which was exercised upon the organ by impacted fæces. The assertion of Dr. Gardner that the uterus went up like a balloon, was to him more fanciful than real, inasmuch as four inches were excised. In regard to phagedenic ulceration, he had seen a number of cases. In one of these, where he made a post-mortem examination in a case of a patient of Dr. Gardner, the whole uterus was gone. In a second case there was severe uterine hæmorrhage before death, and the diagnosis of phagedenic ulcer was then made. The patient finally died, when it was found that the disease, without involving either vaginal septum, had extended to the body of the uterus, and destroyed one-third of its substance, presenting the appearance as if it were cut off by a knife. The canal of the uterus was perfect, and there was an infiltration into the substance of the organ, equal only to about one fifteenth of an inch in depth. In another instance, sloughing had already commenced in the çervix, about half of which came away. He had in his possession also a specimen where half the uterus sloughed away.

Dr. Henschell recollected that, in one case of amputation of the cervix, performed by Meyer of Berlin, the patient returned, at the end of fifteen years, with a daughter, which she had given birth to within that time. All Meyer's operations were performed with the scissors.

Dr. Gardner did not wish to be understood as saying that cauliflower excrescence was identical with cancerous degeneration, but only that the former, if left alone, would invariably become malignant, and, in this connexion, he cited the case of a lady upon whom he operated last July for cauliflower excrescence. The diseased deposit was so soft that, instead of using the écraseur, as he attempted, he simply scooped it out with a spoon, to the depth of two and a half inches, and thereby completely arrested a wasting hæmorrhage. The disease first appeared as a hypertrophy, with ulceration of the cervix, which, after being treated for several months, was apparently cured, the ulceration entirely healed, leucorrhœal flow arrested, and the hypertrophy almost disappeared; at the same time a tumor appeared in the breast, with sharp, lancinating pains. Without much local treatment, this suddenly vanished entirely, disease soon recommencing in the os uteri, and rapidly vegetating into cauliflower degeneration. It continued, as cauliflower excrescence, for about two or three months, when it took on a malignant type, and the patient died two months ago. Dr. G. did not wish to be understood as endorsing Dr. Bennet's theory. In regard to the time requisite for cicatrization, he gave the conclusions of Hugier. In his own case, he removed the sutures at the end of the seventh day. Dr. Sims was constantly in the habit of doing the same thing. The ascent of the uterus "like a balloon," remarked upon by Dr. Conant, is as literally true as possible, for the uterus had ascended so high that it was absolutely requisite to draw it down into view with hooks, in order to complete the dressing.

The Academy then adjourned.

Progress of Medical Science.

TRANSLATED FROM THE FRENCH BY DR. P. F. C. DESLANDES.

HYGIENE OF MILITARY HOSPITALS.

The discussion on the hygiene of hospitals, which has, for several months, engaged the attention of the Academy of Medicine of Paris, has elicited some valuable information on the location, construction, and management of military hospitals, ambulances, etc., from Baron Larrey; and on the influence of the air dispensed to the sick and wounded, from M. Michel Lévi.

In his notes on the hygiene of military hospitals, read before the Academy of Medicine of Paris at its sittings on the 11th and 18th of February, 1862, M. Le Baron Larrey, after a review of the different works and essays which have been published on the subject of hygiene of military and civil hospitals, speaks thus in relation to sites for such institutions.

The removal of hospitals from the centres of population preserves each locality from as many beds of infection, and is the first safeguard, though not a sure guarantee, of their sanitary condition; they must be situated away from insalubrious localities, on elevated grounds, in proximity to streams or rivers, and surrounded by trees.

As to the construction, he says that due attention should be paid to the site, the location, the size and height of the buildings, and the distribution of the wards; but, however well constructed a hospital may be, it loses all its advantages from the moment its wards are crowded or even filled with sick. In such case, the larger the building the greater the danger.

The elevation of the building should not exceed two stories, or even one story, whenever the expenses of purchasing the ground and of building would allow it. The temporary hospitals of the army, built of wood, have but one floor, the ground floor; such is the hospital of the Dey at Algiers, which has now for more than thirty years been occupied as a temporary hospital, and the sanitary condition of which is excellent; such is also the camp hospital of Châlons; such are all the campaign ambulances, or field hospitals.

The inconveniences arising from the superposition of several stories were pointed out long ago, by Hunter, Coste, Desgenettes, Pastorel, and Villermé. There is indeed a hurtful reaction of the lower stories on the upper ones. M. Malgaigne has reported a remark of Desgenettes, who attributed to the installation of his sick in a ground floor, a greater proportion of success than one of his colleagues whose patients were lodged in a higher story. The same consideration led me to select, at the Val-de-Grâce, a whole ground floor as the place of my surgical clinic.

If the buildings or pavilions must be separated from each other, they should be still more so from the dependencies of the hospital: pharmacy, kitchen, storehouse, butchery, laundry, wash-house, baths, employés' lodgings, operating-room, dissecting-room, etc., in order, on one side, not to propagate morbid emanations, and, on the other, not to receive from these deleterious miasmata.

Large and shady gardens and covered walks, either cloisters or galleries, secure to the sick, in the majority of our military hospitals, salutary exercise and recreation.

The staircase should always be wide and spacious, well lighted to facilitate access to the wards at all hours, and allow the moving of litters in all directions.

The arrangement of rooms is the essential point of the question of hospital hygiene.

The appropriation of each building to a limited number of rooms, and above all of each room to a limited number of beds, this is a measure which could not be too much impressed upon the superior authorities, for the improvement of defective hospitals, the perfection of those best constructed, and the preservation of all from the dangers of encombrement (crowding), with a guarantee of the reduction of the mortality.

The contents of the rooms may be limited, according to their relative capacity, to ten, fifteen, or twenty beds; they may even be carried to thirty or forty, but should never exceed fifty.

The separation of the rooms from each other by landing-places, vestibules, offices, or rooms for very sick patients, renders the different wards independent of each other, and contributes to the favorable results of salubrity.

The fever patients, those affected with venereal diseases, and the wounded, which form the three great categories in which the sick are divided in military hospitals, without exception, ought, by a general order, to be separated from each other. Minor regulations may provide for isolation of all soldiers affected with eruptive and contagious fevers, as variola.

The inconvenience arising from too large rooms is not due alone to the filling of all the beds in ordinary times, but particularly to adding others in times of epidemics, and thus multiplying the fatal conditions of crowding. The middle beds, whenever they are not necessary, should be left disposable, or be used to change patients affected with dangerous or contagious diseases, or again to isolate them from their neighbors, because there are not always reserved rooms ready for them.

The smaller the rooms are and the fewer the sick in them, the nearer the patients are brought to the favorable condition of private hygiene, or the more sheltered are they from morbid transmissions. This is a well known fact, on which all hygienists agree.

The number of beds to be placed in a room should be determined by its cubic capacity and not its superficies; this cubic capacity ought to be, at least, thirty metres for each, and more if it can be obtained.

The interval between the beds should be one metre, and that between the rows of beds two or three metres at least.

Let us add that too great a number of patients collected in one room vitiates its atmosphere and disturbs its quiet, particularly at night, when sleep becomes so salutary to restore exhausted strength. Painful impressions of every kind are then multiplied by the moans and cries of some, the bad smell and uncleanness of others, the nervous fits and delirium of many, and lastly, the agony and death of those whose remains are carried out under the eyes of every one, a grievous spectacle which should be spared to all, by dispersing the patients in several rooms instead of crowding them in one.

The successive and regular vacation of the rooms in military hospitals, is an excellent measure which takes place at different times, in different wards, and has the advantage of reducing the number of the sick, and of allowing the thorough cleaning and airing of the rooms by means of exchange of rooms. Too much importance could not be attached to this. The whitewashing of the rooms with lime or chloride of lime is also a valuable means of purifying and disinfecting the rooms, as it implies many other attentions to cleanliness; it should be done every year or every six months.

The daily cleaning and sweeping of the rooms should begin only a short time before the morning visit, with proper precautions not to interrupt abruptly the sleep of the patients, and not to expose them, when the skin is moist, to a sudden cooling, by opening too soon the doors and windows.

The floors should be waxed instead of washed, as washing impregnates them with humidity.

Lastly, every useless object should be removed from the neighborhood of the sick and even of the sick room; no uncleanliness, no remains of dressings, no dirty or stagnant water should be found there.

(*To be Continued.*)

American Medical Times.

SATURDAY, JULY 12, 1862.

LOCATION AND APPOINTMENTS OF OUR MILITARY HOSPITALS.

The importance of adequate preparations for the care of the sick and wounded of the Army is now beginning to be understood and appreciated. Added to the sickness and disability that had more than decimated the grand armies of the Mississippi and the Potomac, previous to the last great battles, we must now estimate of the latter army from twenty to thirty *per cent.* of its forces, *hors du combat* from wounds, to augment the vast numbers that were in the hospitals. Ten, fifteen, twenty, and even thirty *per cent.*, or possibly a still higher proportion of our brave soldiers, it is confessed will probably be found constantly in the hospitals. This fact appears to be duly appreciated by the Medical Bureau; and from the tone of the Surgeon-General's instructions to Medical Director Letterman, of the Potomac Army, we judge that insufficiency in medical supplies, or any neglect to meet the exigencies of medical and surgical service in the army, is to be regarded as a serious military offence.

From what we have witnessed in the army before Richmond, and from statements that reach us from our best volunteer Surgeons throughout the national forces, we know that there is no lack of the best medical supplies, and of a liberal hand in their distribution; the supply and organization of ambulance alone excepted. But there arises a question which is of vital importance to the army and to the people at this time, viz.—Are the location and administration of the Military Hospitals such as will promote the speedy recovery of the patients, and most certainly restore them to effective service? All questions of humanity and the details of hospital administration are subordinate to, and covered by, the important question here proposed. We infer that this question is to be satisfactorily solved, for there certainly is significance in the repeated visits of Surgeon-General Hammond to the neighborhoods of our northern cities, and the most salubrious water-sides; while trusty members of his staff have been dispatched on similar errands to the health-giving regions of Minnesota and Iowa. The healthiest localities which are directly and easily accessible by water must be selected as the sites for our Military Hospitals. This is dictated alike by hygienic and military considerations.

Though Hospital Hygiene is a science of such simplicity that no physician or military quartermaster should be justified in violating its principles; those principles, nevertheless, are being continually disregarded in almost every place where hospitals are established, be it in military or in civil life. Even at this moment the Trustees of the renowned St. Thomas's Hospital, in London, are endeavoring, against the protests of the Medical profession, to remove that ancient institution to the old play-house, known as the Surrey Gardens—a place most unfit for a hospital. And, to take an illustration of military hospitals among us, we would state that a few days ago we visited a single ward containing upwards of two hundred and fifty beds arranged in four long rows, so great are the width and capacity of the building. Though under the best surgical and sanitary management, that cannot be a good hospital. Sloughs, gangrene, pus, and the typhous diathesis, will inevitably follow the best surgeons who may venture to serve in such a hospital. On similar grounds, we must protest against the transformation of large churches, seminaries, and hotels, into military hospitals, except of the most temporary character to meet sudden exigencies. Pure fresh air supplied in the greatest abundance to every patient, is unquestionably the first desideratum to be attained in the location and site of a hospital, as well as in its construction, arrangement, and daily administration. No site, plan, or building, should be selected for hospital purposes which does not possess this first requisite. Of course, no city or large village can furnish the proper conditions of atmospheric purity. That town-air is not pure enough for the sick in hospitals; and that it is not possible to prevent its being rendered impure by encroachments of the population and nuisances incident thereto—is unhesitatingly asserted by Dr. Sutherland and his associates of the Royal Commission for improving the condition of barracks and hospitals. (See *their Report made to the British Parliament* in 1861.) In that Report it is very concisely and truly stated, that, "in the construction of hospitals, the great points to be secured are—1st.

Purity of the external atmosphere; 2d. Abundance of pure air and sunlight within the building; 3d. Facility of administration and of discipline."

Hospitals and towns are alike localizing causes of endemic and epidemic diseases, and it is manifestly due both to the public and to the patients that such causes of peril be kept at the minimum point of intensity. We say emphatically, let all the military hospitals be located beyond the precincts of cities, and let simple one-story pavilions take the place of every other style of buildings for hospital purposes. By these means will we most certainly secure the three essential conditions of good hygiene and good management as laid down by the British Hospital Commission. And, for the present, let none but simple and inexpensive plans for these hospitals be adopted. The period for establishing grand *hotels des invalides* has not yet arrived. Soldiers of the loyal army beg for the privilege of being returned again to active service in the field in the briefest possible time; and if, hereafter, there should be need for great permanent hospitals for military invalids, our disabled soldiers will require no such fools' palace as the "Netley Hospital," but neat pavilions rather, in the midst of gardens and rural scenes.

The terrible realities of the present war are now so well understood that it will be wise to forecast in the selection of hospital sites, and if practicable, secure such situations as may long be occupied. David's Island, at the foot of Long Island Sound, near our city, has been secured by long lease, with the privilege of purchase; and the temporary pavilions which are to be erected there, may, if properly planned, be the best of hospitals until our nation's conflicts are for ever ended. In hospital construction "what is worth doing at all is worth doing well." Complicated plans should always be avoided, but the essential conditions, viz. air and light, both within and without the wards, and every needed facility of administration, should be provided in every hospital, be it a tent, a pavilion, shanty, or a ceiled edifice. Simplicity and spaciousness of plan most certainly and economically provide for the proper ventilation and lighting of a hospital. Single pavilions, or pavilions in groups, with the parallel buildings separated twice or thrice the added width and height of each, on elevated and thoroughly drained ground, can be erected in any proper locality more expeditiously than churches and old edifices can be fitted and prepared for hospital use: and as to the facilities and economy of administration in such pavilions they are incomparably superior. The Belgian State Hospitals, which in many respects are models, as well as the success of the simple pavilions and shanties that were erected more than ten years ago for the accommodation of the sick at Quarantine, and at the State Emigrants' Hospital on Ward's Island, have fully settled the question of the utility and economy of such structures for hospitals. In his work on Ventilation, Dr. Reid mentions that he found at the old extensive Quarantine hospitals on Staten Island, that the physician-in-chief, Dr. Harris, had vacated the massive and costly brick edifices, in favor of the shanties, on account of the more favorable hygienic conditions and greatly reduced death-rate in the latter buildings. And we know that the percentage of mortality in the vast hospital establishment on Ward's Island the past ten years has been unprecedented. For further testimony upon this and kindred subjects we are happy to refer to the statements of the younger LARREY in preceding columns.

As simple pavilions on fresh grounds and beyond the limits of large towns are so manifestly preferable for Military Hospitals, the question has arisen when we have seen the wounded and sick carted long distances by thousands over rough pavements in Washington, Alexandria, Baltimore, Philadelphia, and New York, why are military patients subjected to the perils of city hospitals, and to the inconvenience and anguish of such transportation, when the verdant and well drained slopes of our rural watersides, along our bays and rivers, so temptingly offer salubrious hospital sites, the most accessible and perfectly appointed by nature? Upon the health-giving banks of the many bays and rivers, from Cape May to head of tide-water on the Hudson and the Connecticut, there are hundreds of localities that are infinitely better adapted to sites than any that can be selected in populous towns, and yet sufficiently accessible to our cities. Upon the upper Mississippi such localities also abound; and the brave soldiers of the southwest, who are becoming disabled by sickness, will soon fight again after being allowed to breathe the bracing air of Minnesota.

A word to our brethren in the field respecting certain essential appointments of a good hospital. Erect your pavilions of any length you please, but never attempt to place more than two hundred patients under one roof or upon a single acre of ground. Always provide for the subdivision of long wards by means of portable screens of venetian work, so that the number of patients in the same compartment in view of each other shall not exceed twenty or thirty; and always provide a separate compartment or room for the dying and for the dead, whose final removal should be unseen and unheard by the living. Depend upon window ventilation, which can only be properly insured when the ward is less than thirty feet in width and furnished with opposite windows; but when practicable have special supply and exit shafts from the roof. Have open fireplaces. Have at least eighty feet of floor area, and not less than one thousand cubic feet of aerial space for each patient. Have good water and an abundance of it, good sewerage, latrines, etc.; and not least, have good nurses and cooks, and competent women to preside over cooking, feeding, and cleanliness.

At the present hour, in the great crisis of the nation, human life is at its highest value, and to reduce the percentage of mortality in the Military Hospitals is to confer inestimable benefit upon mankind. Though the low death rate in our military hospitals is yet unparalleled, *it may and it should be reduced forty per cent.*

THE WEEK.

A PHYSIOLOGICAL view of political events, and of public men and public measures, might occasionally throw much light upon the most vexed questions of the day. In accordance with the law that every event has an adequate cause, the thrilling incidents of the War of the Rebellion will be found to have instructive physiological relations. Without that imperturbable self-possession and deliberative judgment which wonderfully characterize the unconquerable Chieftain of the Army of the Potomac, that army would never have reached its new base of operations on the James river, in the face of overwhelming forces of the enemy. And now the question arises—May there not be a physiological abnormity in some of the Councillors of State, at Washington, which diminishes the proper effectiveness of our powerful forces in the field? The *Herald* justly says, that "the National Cabinet is a conclave of lawyers." It certainly would be prudent to have at least a physiological adviser in or for the Cabinet. Physiological abnormity unsuspected in a Minister of State, may precipitate needless calamities upon millions of citizens. But the *mens sana in corpore sano* is almost indispensable to a wise administration of national affairs. Truly has it been stated respecting the great concerns of state in Great Britain, that politics only half explain the British Premier. "Lord Palmerston's influence is in a great measure *physiological*—an influence on the temper of the country produced by his own temper, and health, and good spirits." We know that **President Lincoln** is a wonderful example of sound physiological health. Happy will it be for our country and the army if his Ministers of War, of State, and of Finance are in an equally normal physiological condition. We thank God for the sound health of our best Generals.

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At Savage's Station, near where the railroad crosses the Chickahominy, it is reported that many thousand wounded men had been gathered on Saturday succeeding the terrible battle at Gaines' Hill. Quickly the army was put in motion at night towards the James river. The ambulances were insufficient for the transportation of all the wounded who had escaped from the field of carnage where thousands still remained, and at once a large number of the surgeons volunteered to remain at the Station, and, under the direction of **Dr. Swinburne**, give themselves to the duty of attending the wounded who must be left on the field and with the enemy. With pride we record the names of the surgeons thus remaining at Savage's Station: "There being no means of transporting them, two thousand five hundred sick and wounded soldiers were left behind at Savage's Station. The following surgeons remained with them, and will give them all attention, namely:—Dr. Swinburne, of Albany, in charge; Drs. Voorhees, of New Jersey; J. M. Fox, Underwood, Newell, Dowling, White, O. Munson, W. A. Smith, and Nordman, of Philadelphia; Thompson, of Maine; Hogan, Middleton, Page, and Potter, of the Seventh Maine. Besides these surgeons, fifty nurses were also detailed and left."—*Herald Corres.*

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The enormous amount of killed and wounded in the terrible week of battles in the Army before Richmond fearfully demonstrates the fatality of the modern implements and projectiles of warfare. Until we can know more definitely the actual fate of *twenty thousand* of our brave soldiers, and can also know the actual numbers of the enemy's forces, we are forced to the horrifying conclusion that full *forty per cent.* of all who engaged in the first two days' conflict on either side, are to be numbered among the killed and wounded; and that after the loyal forces gained a more advantageous position, the massed legions of the rebels were mowed down at the rate of sixty *per cent.* of their entire strength. Never, since the days of Austerlitz and Waterloo, has surgery found such a bloody field.

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Endurance of physical effort is a well proved quality of our northern soldiers. After a week of successive and terrible battles, and a continuous movement of the Federal forces around to a new base of operations, the massed columns of the enemy were in their final onsets nearly annihilated by the steady and augmented energy of loyal arms, and finally, upon the concluding repulse of the enemy, went up a cheer that told what unconquerable strength was remaining. With wonderful propriety and justice did the Commanding General open his stirring address, saying: "Soldiers of the Army of the Potomac! your achievements of the last ten days have illustrated the *valor* and *endurance* of the American soldier."

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Surgeon-General Hammond has spent the past week in visiting the Medical Corps and the Hospitals of the Army on the Peninsula. The magnitude of his official responsibilities and of his power for good to the loyal forces and his country's cause, could nowhere else be so impressed upon his mind. To be in the medical service of the army is now a patriot's privilege, and we predict that it will soon become a higher honor than ever before to be a member of the Medical Staff of the American Army.

Correspondence.

FOREIGN CORRESPONDENCE.

London, June 7, 1862.

[To the Editor of the American Medical Times.]

Sir:—Among the multitude of interesting objects which are presenting themselves daily to my notice, and of which I should like to say something, I must select but a few, and those possessing the greatest novelty. Of this class, I may certainly include one instrument to which my attention has been called to-day, which is known by the name of *Spectroscope.* It is an improvement in Spectrum cameras, consisting in an entirely novel arrangement of the parts, so as to produce, in fact, a new instrument; I need not describe its peculiar construction at length, because it would not be intelligible to the reader without illustrative plates; I may, however, remark, that it consists essentially in a prism or in prisms, held in a box or chamber, supported on a pedestal or stand; and to the front of this chamber is secured a tube, which is provided with a collimating lens or lenses at the end nearest the chamber, and at the furthest extremity is furnished with an arrangement by which a horizontal slit can be adjusted in width by means of a fine screw. The back of the box carries a small telescope, which has an adjustable eye-piece. The spectra of the various metals, etc., are obtained by the aid of a spirit lamp and blowpipe, or a gas burner, or what is better still a gas blowpipe. A portion of the matter or salt to be examined, either in the solid state or in solution, is placed on a small loop of platinum wire, which is fixed on a steady support, and the loop introduced into the blowpipe flame. If the telescope be now adjusted, the spectra present a most beautiful appearance, differing according to the substance undergoing analysis, soda giving its characteristic *yellow line;* lithia *crimson,* etc. etc. None of the bright lines produced by any one metal interfere in the least with those produced by any other; *so that in a mixture of several metallic salts, each ingredient can thus be easily detected.* Even the most minute trace of any body may be recognised if mixed with the largest quantity of any other substance. The delicacy of this mode of testing is such, that $\frac{1}{180.000.000}$ part of a grain of soda can be easily detected. *Three new elements have already been discovered by this new mode of analysis.* Its great value in the detection of poisons is too obvious to need remark.

The price of the instrument is from twenty-five to fifty dollars, according to the size and power. It goes under the name of "*Cooke's Spectroscope.*"

At a Soirée of the "Royal College of Physicians" recently given to members of the Social Science Association, now in session, I saw some beautiful experiments with this instrument, which fully sustain all I have stated in regard to it. The exhibitions of the *laryngoscope*, also, by Prof. Czermak, showing the vocal cords, and whole inner surface of the larynx on himself, were very gratifying and satisfactory. I believe I remarked in a former letter, that *Rhinoscopy*, so called, has already furnished trustworthy contributions to the knowledge of the morbid anatomy of the larynx; and, in the hands of the inventor, been successfully applied in the treatment and cure of laryngeal affections, particularly of polypi; yet that it can hardly be expected to come into general use in the management of this class of diseases. There was an ingenious apparatus, also, exhibited for showing vibrations in mercury by electrolysis; specimens of microscopic writing somewhat bordering on the marvellous. For example, the Lord's Prayer was written by Mr. Peters's machine in a circle, *the three-hundredth of an inch in diameter;* a square inch would contain 90,000 such rings, the area of each being about the hundred and fifteen thousandth of an inch, and, in writing of this size, the whole Bible and Testament might be written *seven times in a square inch.* The large binocular microscopes of Powell & Lealand, which were exhibited, have been brought to great perfection; though I saw no mention made of the fact, that this is an American Invention. This arrangement adds about forty dollars to the cost of their largest achromatic microscopes. Specimens of submarine cables; of a substitute for India-rubber; of Wheatstone's Automatic Telegraph; splendid crystals of acetate of rosaniline; illustrations of polarized light; the numerous powerful microscopes and objects; glyceric films, illuminated with electric light; the spectrum of gases; the experiments to prove the evolution of heat on the freezing of water. These, and various other objects of scientific interest, contributed to the intellectual gratification of the members and their guests.

June 10.—On Friday last, "*The National Association for the Promotion of Social Science,*" commenced its annual meeting in this city. This association, under the Presidency of Lord Brougham, has been in existence but a few years, but has already accomplished great good. Holding its annual meetings in the leading towns of the empire, and attended by the more intelligent and active of every class, it has widely spread a belief in the truths of social science, and stimulated inquiry into the facts on which these are founded. The society embraces in its curriculum of Social Science, Jurisprudence, Education, Crime and Reformation, Public Health, Social Economy, and Trade and International Law. Daily and evening sessions are held, at which papers are read and discussions maintained, in which any member can participate; these, with numerous soirées, visits to educational, reformatory, and industrial institutions, excursions by rail and steamboat, etc., are among the attractions held out to its resident and foreign members. I suppose that none of its departments has accomplished as much good as that of "*Public Health.*" I am informed that in every town which the association has visited, the meetings have had the effect of directing attention to the proper construction of houses; the state of the drainage; the supply of good water, and other matters of sanitary importance; and that, in every instance, active exertions have followed for the improvement of the civic health. It has everywhere found public opinion on the subject, apathetic; and everywhere has left it more active. The advocates of sanitary reform have been encouraged and stimulated in their laudable efforts; and municipal authorities have everywhere shown a willingness to profit from the facts set before them. Indeed, one of the most promising features of this department is the attempt it makes, and not unsuccessfully, to spread among the whole community a knowledge of the laws of life, and of the means for preventing disease. The British "Public Health Act" was owing to the influence of this society; also, the act for repressing the adulteration of food, as well as the system of registration of births, deaths, etc. The practice and results of quarantine were also investigated by this association in 1859, and the report of their committee on the subject was printed by the House of Commons. It has published much valuable information and evidence relating to the proper construction of hospitals, and the best plan of obtaining hospital statistics. These latter papers have been sent to every hospital in the kingdom, and much good has resulted in consequence. A "Ladies' Sanitary Society," affiliated to the institution, has also been formed, and rendered the most important services by its practical exertions in the cause—by circulating cheap but admirably written pamphlets, explaining the laws of health, and the consequences of their infraction, by procuring the delivery of popular lectures on the same subject by medical officers of health and other scientific men to numbers of the working classes; and by oral instruction by visitors to the poor under the supervision of the society. By these and other measures within the sphere of their operations, they are doing perhaps more to increase the sum of health in the community than any legislative or official interference could effect. For we must ever remember that an improvement which is effected for the health of the people from without is apt to be temporary in its nature, because it is accepted by them without any real faith in its efficacy; but one which results from a change in their own character and habits, founded on conviction of its necessity, and a reasoning appreciation of the good gained by the change, is placed beyond the accidents of legislative and official support, and is certain to endure. I send you some tables which I have been allowed to copy from papers presented to the "Health Department," whose meetings I have attended with much profit and gratification as a foreign member, which you are at liberty to publish if you find them suited to your pages. CHARLES A. LEE, M.D.

DIET OF LONDON HOSPITALS.

Daily Allowances in London Hospitals.

Furnished by DR. LEE.

FULL DIET.

HOSPITALS.	Bread.	Cooked Meat.	Potatoes.	Butter.	Porter or Beer.	Tea.	Number on Diet.
	oz.	oz.	oz.	oz.	Pints.	Pints.	Per cent.
Guy's Hospital	14	6	8	1	1		87·7
St. Bartholomew's	14	8	8	1	2	2	67·8
St. Thomas's	12	4	8		1	2	86
The London	12	6	8		1		42·1
St. George's	12	6	8	1	2	2	·9
King's College	12	5	8				18·6
Middlesex							

MIDDLE OR ORDINARY DIET.

HOSPITALS.	Bread.	Cooked Meat.	Potatoes.	Butter.	Porter or Beer.	Tea.	Number on Diet.
	oz.	oz.	oz.	oz.	Pints.	Pints.	Per cent.
Guy's Hospital	12	4	8	1	½		41
St. Bartholomew's	12	4	8	¼	1	2	15
St. Thomas's	12	4		¼		1	87
The London	12	4	8		½		28
St. George's	12	3	8	1	1	2	62
King's College	10	8	8				
Middlesex	12	4	8				'48

RATIONS.

1862.	Bread.	Cooked Meat.	Vegetables.	Meat.	Sugar.	Milk.	Cheese.
	oz.	oz.	oz.	oz.	oz.		oz.
British Soldier, Home Service,	24	8	16	1	1½	8	
Seaman, Royal Navy	20	12	8	2	2		
Convict, Chatham	27	6	19	1½	½	2	2
Lunatic, Hanwell	12	4½	12				2
Pauper, St. Olave's	14	5	8	2	2	2	

AMPUTATIONS FOR DISEASE.

Furnished by Prof. C. A. Lee.

	Guy's Hos., 1854 to 1860.			St. George's Hos., 1852 to 1859.			Paris Hos., 1836 to 1841. (Malgaigne.)					
	Cured	Deaths	Deaths per cent.	Cured	Deaths	Deaths per cent.	Cured	Deaths	Deaths per cent.	Cured	Deaths	Deaths per cent.
Thigh....	66	14	17·5	88	18	25·6	61	92	60	845	223	41
Leg......	23	7	23·3	18	9	33	58	55	42			
Arm......	3			8	2	20	37	24	39·3			
Forearm..	11	1	8·3	6			12	5	29.4			

MORTALITY OF PARISIAN HOSPITALS.

By A. E. Dunham. (From Dr. Lee.)

Hospitals.	Daily Average of Patients.		Deaths per cent.	Medical.	Surgical	Average Residents.	
						Medical.	Surgical
Larriboisiere	641	453 Medical. 188 Surgical.	15·82	17·8	8·00	24·59	27·57
Necker................	349	269 Medical. 80 Surgical.	15·70	11·1	5·4	17·80	23·30
Beaujon..............	401	242 Medical. 159 Surgical.	17·14			21·32	31·32
Pitie.................	599	444 Medical. 155 Surgical.	17·56			21·31	33·23
Hotel Dieu............	785	563 Medical. 222 Surgical.	21·64			23·16	26·36
Cliniques.............	125	74 Medical. 51 Surgical.	27·87			14·82	29·39
Charité...............	481	344 Medical. 123 Surgical.	35·27			23·73	23·60
Hotel des Enfans Mdes.	573	490 Medical. 83 Surgical.	18·6	21·9	7·75	79·79	44

HEALTH OF ARMY OF GREAT BRITAIN.—1859.

By Dr. Milroy.

Station.	Daily Sick Rate.		Annual Sick Entry Rate.		Annual Death Rate.		Annual Invalid Rate.	
United Kingdom	50	per 1000	10·81	per 1000	8·4	per 1000	18	per 1000
Mediterranean....	43	"	10·14	"	18	"	8·1	"
West Indies....	53·5	"	12·30	"	17	"	4·9	"
Australian Colonies	27	"	57·1	"	10	"	9·8	"
Ceylon and China	99·5	"	22·38	"	47·1	"	27·5	"

BRITISH NAVY.—1858.

Station.	Daily Sick Rate.		Annual Sick Entry Rate.		Annual Death Rate.		Annual Invalid Rate.	
Home	58·5	per 1000	12·47	per 1000	9·6	per 1000	28·9	per 1000
Mediterranean...	43·7	"	13·69	"	11·1	"	27·3	"
West Indies.....	64·6	"	19 62	"	20·8	"	31·2	"
Australian	42	"	13·68	"	7·9	"	28·7	"
East India and China.........	92	"	26·54	"	62 5	"	80·9	"

MEAN OF 1856-7-8.

Station.	Daily Sick Rate.		Annual Sick Entry Rate.		Annual Death Rate.		Annual Invalid Rate.	
Home	50	per 1000	11·40	per 1000	10·8	per 1000	23	per 1000
Mediterranean...	52	"	18·55	"	10·6	"	24	"
West Indies.....	58	"	17·34	"	24	"	25	"
Australian	56	"	18·99	"	9·9	"	29	"
East India and China.........	93	"	23 57	"	47·6	"	52	"

MORTALITY, ETC., OF LONDON HOSPITALS.

Furnished by Dr. Lee.

Hospitals.	Daily Average of Patients.		Average Residence Days.			Deaths per cent.	Medical.	Surgical
St. Bartholomew's.	555		36	28 44	Medical. Surgical.	10·72	18·7	5·6
Guy's	507	225 Medical. 284 Surgical.	34·6	35 31·35	Medical. Surgical.	9·4	14·1	5·6
St. Thomas's......	460	201 Medical. 259 Surgical.	33·7	33·12 50	Medical. Surgical.	9·76	11·37	5·49
King's............	120	59 Medical. 61 Surgical.	33	31 35	Medical. Surgical.	10·73	14 50	7·97
University........						11·19	14·49	8·18
St. Mary's........	142	65 Medical. 77 Surgical.	30·65	265 352		10·11	11·53	8·52
Westminster......	184		32·1			9·6		
London	325	224 Medical. 101 Surgical.	29	30 33		8·4	12·3	6 48
Charing Cross.....						8·3	11·7	5 3
Middlesex........								
St. George's.......	322	123 199	267			8·34	10·9	5·6

Army Medical Intelligence.

MEDICAL AFFAIRS AT FORTRESS MONROE.

[Army Correspondence of the American Medical Times.]

The Department of Eastern Virginia is not less the seat of medical than of military interest. Its hospitals are filled to overflowing with the sick and wounded from the battle-fields about Richmond. This immense influx brings the utmost pressure upon the medical officers who administer the affairs of the Department. The Medical Director, Dr. John M. Cuyler, U.S.A., upon whose broad and well-worn shoulders falls the burden of this unparalleled responsibility of providing for the cargoes of sick daily arriving, proves himself equal to the task. Ever engaged, yet attentive to the wants of the humblest, constantly harassed with the endless details of business, yet always affable and courteous, Dr. Cuyler seems peculiarly well adapted to the position he now occupies. But his friends (and who that has come within the circle of his acquaintance is not his friend?) will rejoice to learn that Government has called him to another and still more important sphere of duty. He is the senior officer of the Corps of Medical Inspection, recently appointed by the President, and attached to the Medical Bureau. It is to be regretted that the same discretion has not been exercised in the selection of the entire corps. The Medical Purveyor, Dr. R. H. Gilbert, is an efficient officer, and gives order and system to the dispatch of business. He has lately improved the *armamentarium* of the military surgeon. His general operating case has not received the attention it deserves. It is compact and yet complete to an extent surpassing any case I have ever examined. I regret that Dr. Smith has not illustrated it in his *Hand-Book of Surgical Operations.*

The hospitals in this vicinity are the Mill Creek Hospital in charge of Brigade-Surgeon John W. Hunt; the Chesapeake Hospital, in charge of Brigade-Surgeon R. B. McKay; and the Hygiea (now merely used as a depôt for the receipt and transfer of the wounded) in charge of Brigade-Surgeon Bontecou.

The Mill Creek hospital consists of a number of buildings so arranged as to carry out the idea, to some extent, of the Pavilion hospital. The main building is 250 feet in length by 50 feet in width, a rude board structure, the entire area being a single ward, accommodating 200 patients. The ventilation is very perfect, and notwithstanding this hospital is filled to its utmost capacity with the severely wounded, the atmosphere is not perceptibly tainted. Three other buildings have been erected adjacent to this hospital on a similar plan, and several others will be constructed. As yet, erysipelas has scarcely appeared in this hospital, and pyæmia is not very frequent. Great credit is due to Dr. Hunt for the efficient management of this institution; with rare administrative ability he combines the sound judgment of a discreet and experienced surgeon; the knife is never used as an experiment, and rarely as a *last resort*—the common plea of the mere operator. The following gentlemen compose the surgical staff of the hospital: Drs. Orsamus Smith, T. B. Crooker, J. H. Reynolds, T. E. Waller, L. Beers, C. McCormick, L. S. Bowles; Medical Cadets, E. E. Luster and O. M. Pray.

The Chesapeake Hospital is the old seminary of that name, standing on the shore of the James river, about two miles from the fort. It is a large, fine building. The ventilation is very imperfect, as the rooms are small, but this defect is remedied by the location, which is close to the river, and by the freedom from surrounding buildings, or forests. Erysipelas does not appear here, and pyæmia is seldom met with. Dr. McKay is a very capable officer, and manages the details of this hospital with great success. Like Dr. Hunt he is conservative in the practice of surgery, and not a few patients may thank him for taking their discharge from this hospital in the erect, rather than the recumbent posture.

Surgeon-General Hammond, accompanied by Surgeons Clymer, Brinton, Le Conte, and Hartshorne, arrived here this morning *en route* for the Army of the Potomac. The Surgeon-General shows himself every way worthy of his high position; instead of snoozing away his life in his official chair at Washington, and leaving the administration of the details of his department to inefficient subordinates, as has been too much the custom with his predecessors, he is personally present wherever great despatch is required. We hear of him visiting the hospitals at New York, Philadelphia, New Haven, Baltimore, or with the Army of the Potomac, at this critical period; and almost at the same time we learn that he is presiding over the Army Examining Board at Washington, and holding himself personally responsible for the character of the newly appointed assistant-surgeons. This is the kind of Head that the Medical Bureau has long needed; more important reforms have been effected, which will give efficiency to the staff, during the short administration of the present Surgeon-General, than have been made in the last twenty years. We may well congratulate the profession on the honor which the appointment of Dr. Hammond confers upon it; and the country, that the immense resources of the medical department will be wisely and timely directed towards the relief of her suffering sons.

The U. S. Sanitary Commission Hospital Ship St. Mark is here in charge of Dr. Draper, of New York, and the Euterpe is daily expected. There is much need of these hospital accommodations, and the Sanitary Commission deserve great praise for their timely aid.

Medical News.

New Hampshire State Medical Society.—The seventy-second anniversary meeting of the New Hampshire Medical Society was held at Concord, Tuesday and Wednesday, June 3d and 4th—the President of the Society, Dr. E. K. Webster, of Boscawen, in the chair, and Dr. C. F. P. Hildreth, of Concord, Secretary *pro tem.* The following gentlemen were elected members:—Charles F. P. Hildreth, M.D., Concord; Passmore Treadwell, M.D., Concord; George Montgomery, M.D., Gilmanton; George E. Spencer, M.D., Franklin; Hubert Sleeper, M.D., Grantham; Hadley B. Fowler, M.D., Bristol; Jefferson Smith, M.D., Dover; Frank P. Foster, M.D., Concord. At 12 o'clock, the Society listened to the annual address by the retiring President, Dr. Webster—Subject, "The relations of the profession to the country and the war."

The following gentlemen were chosen officers of the Society for the ensuing year:—*President*, Dr. Charles P. Gage, of Concord; *Vice-President*, Dr. P. A. Stackpole, of Dover; *Secretary*, Dr. Nathan Call, of Boscawon; *Treasurer*, Dr. Levi G. Hill, of Dover; *Councillors*, Drs. A. H. Robinson, S. Campbell, Thos. Sanborn, C. H. Shackford, J. C. Hanson, W. H. Thayer, S. Cummings, A. F. Carr, L. F. Lock, J. F. Hall, I. W. Lougee, G. A. Phelps, Chas. Palmer, and J. H. Crombie. *Orators*, Drs. L. W. Peabody and N. Tolles. *Delegates to Dartmore College*, Drs. W. D. Buck and L. G. Hill. *Committee on Surgery*, Dr. W. H. H. Mason; *do. on Medicine*, Dr. S. M. Whipple; *do. on Epidemics*, Dr. W. H. Thayer; *do. on Publication*, Drs. Call and Hildreth. *Committee of Arrangements*, Drs. Gage, Hill, Stackpole, and Smith. The following gentlemen were chosen delegates to the State Medical Societies of New England:—Drs. Albert Smith and A. H. Robinson to Massachusetts; Drs. F. P. Fitch and S. Bunton to Rhode Island; Drs. George B. Twitchell and S. M. Whipple to Vermont; Drs. Noah Martin and P. A. Stackpole to Maine; Drs. J. P. Whittemore and C. F. P. Hildreth to Connecticut.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 30th day of June to the 7th day of July, 1862.

Deaths.—Men, 90; women, 51; boys, 98; girls, 100—total, 339. Adults, 141; children, 198; males, 188; females, 151; colored, 8. Infants under two years of age, 185. Children reported of native parents, 21; foreign, 149.

Among the causes of death we notice:—Apoplexy, 2; infantile convulsions, 18; croup, 8; diphtheria, 12; scarlet fever, 9; typhus and typhoid fevers, 18; consumption, 50; small-pox, 0; measles, 1; dropsy of head, 14; infantile marasmus, 15; cholera infantum, 28; inflammation of brain, 9; of bowels, 10; of lungs, 18; bronchitis, 0; congestion of brain, 6; of lungs, 6; erysipelas, 0; diarrhœa and dysentery, 16. 178 deaths occurred from acute disease, and 37 from violent causes. 247 were native, and 92 foreign; of whom 64 came from Ireland; 40 died in the City Charities; of whom 10 were in the Bellevue Hospital, and 8 died in the Emigrant Institution.

Abstract of the Atmospherical Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

June & July 1862	Barometer.		Temperature.			Difference of dry and wet bulb. Thrm.		Wind.	Mean amount of cloud.	Humidity Sat'tion, 1000
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	In.	In.	°	°	°	°	°			
29th.	29.76	.07	78	70	85	9	13	S.W. to SE.	8	610
30th.	29.54	.17	72	68	74	9	11	SE. to NW.	6	590
1st.	29.84	.24	69	60	77	10	14	N.W.	0	580
2d.	29.90	.09	58	50	68	4	5	N. to S. E	9	810
3d.	30.10	.20	63	54	70	5	8	N.	6	654
4th.	30.27	.17	67	60	79	9	12	NW to SW.	0	540
5th.	30.20	.10	72	54	90	8	11	S.W.	8	600

REMARKS.—29th, Clear A.M., variable P.M. 30th, Very light rain A.M., clear P.M. 1st, Fine day. 2d, Variable early A.M., rain commenced at 1 P.M., hard rain late at night. 3d, Flood early A.M., variable A.M., clear evening. 4th, Pleasant day. 5th, Clear A.M., lurid sky P.M. Rain for the week, two inches.

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References.—C. L. Mitchell, M.D., T. L. Mason, M.D., Prof. E. N. Chapman, M.D., of Brooklyn; Prof. Austin Flint, M.D., Prof. B. F. Barker M.D., of New York.

To the Medical Profession.—Dr. I. Parigot has changed his residence and is prepared to receive a very limited number of patients in his country house at Hastings, on the Hudson; he can be consulted in town at Dr. Douglas' Office, No. 12 Clinton Place, on Tuesdays and Saturdays, for Nervous Diseases and Medico-Legal questions.

American Journal of Ophthalmology

JULIUS HOMBERGER, M.D., EDITOR.

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COURSE OF LECTURES
ON
DENTITION AND ITS DERANGEMENTS.

DELIVERED AT THE
NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL
IN THE PRELIMINARY COURSE.
SESSION 1860-61.

By A. JACOBI, M.D.,
PROF. OF INFANTILE PATHOLOGY AND THERAPEUTICS.

LECTURE X.—PART II.

Amount of Water in Rhachitical Bones.—Elimination of Phosphates and Lactic Acid.—Increased Elimination or Decreased Assimilation.—Absence of Proteinous Substances and Rhachitis.—Loss of Phosphates and Rhachitis not identical.—Chemistry of Rhachitical Bones and of those only deprived of Phosphates.—Slow Dentition the Cause of Rhachitis, or Rhachitis the Cause of Slow Dentition?

THE anatomical structure of both the normally growing and the rhachitical bone is the same; further, the amount of carbonic acid is increased in both the new deposits of the growing and in the rhachitical bone. Thus the direct connexion between, or dependency on each other, of the normal development and the rhachitical deformity of the osseous tissue is evident.

The principal deviation of the chemical constituents consists in the increased amount of water. Friedleben found in the healthy parietal bone of a child of six months 21·058 per cent. of water; in the rhachitical parietal bone at the same age, from 48·383 to 53·574 per cent.; and in that of a rhachitical child of eight months, as much as 81·533 per cent. The occipital bone of a child of a year and two months, with normal skeleton, yielded 41·931 per cent. of water, while the parietal bone of a rhachitical child of the same age yielded 66·314 per cent. in the recent deposits, the old subjacent lamina vitrea yielding but 34·221 per cent. The same author found in the normal diaphysis of the tibia of a healthy child of six months, 21 323 per cent. of water; of a rhachitical one, at eight months, 44·790; in the spongeous part of the former, 64·037; of the latter, 76·912. The same bones of children of a year and two months, one healthy, the other rhachitical, yielded a similar proportion, viz. 43 and 72 per cent. The normal ribs of a child of six months contained 44·305 per cent. of water, the rhachitical, 54·809. In other children this percentage would increase to 59·64, and even to 66·105.

The increased amount of water contained in the rhachitical bone forms a sort of serous mollification, which in itself may be sufficient to prevent the cartilage and newly formed bone from assimilating as many phosphates as under normal circumstances. For it appears, doubtless, that with so considerable an amount of water contained in the osseous and cartilaginous tissues their chemical affinity generally should be changed. At all events an older explanation of the rhachitical bone being deprived of a part of its phosphates is very improbable. Many authors have expressed this opinion, that the phosphates were kept dissolved in the blood by a super-abundance of lactic acid, and were, in company with the latter, eliminated through the kidneys and bladder. A part of the chemical investigations which have been made for the purpose of elucidating this matter, have appeared to be favorable to this opinion, as not only lactic acid, but also a large amount of phosphate of lime, has been found in the urine of many rhachitical children. But in order to explain the want of phosphates in rhachitical bone, in this manner, the presence of phosphates and the occurrence of lactic acid in the urine of rhachitical children ought to be constant; which is by no means so in all cases. Rhachitis will very often develop without the prevalence of disorders of digestion and a surplus of lactic acid, and surely, the swelling of the epiphysis and periosteum, which are just as essential for the diagnosis of rhachitis, cannot be explained by the premature elimination of phosphate of lime. Virchow, moreover, has long ago expressed this opinion, that probably the diminished import of phosphate was of more importance in the rhachitical process than the augmented export. At the same time he directs the attention to the repeated eulogies of the administration of carbonate and phosphate of lime, in rhachitis. He also reminds us of the fact, that the larger part of phosphates are introduced into the system in combination with proteinous substances, and the digestion and assimilation of these latter are greatly interfered with in those gastric disorders, which frequently precede fully developed rhachitis. But again, he asks, why it is that gastric disorders are not always the initiatory step of rhachitis; that further, the bones should suffer in preference; and finally, that, in spite of diminished import, the epiphyses and periosteum should be tumefied. Therefore, we need not wonder that other authors, for instance Niemeyer, consider as the fundamental cause of rhachitis, a nutritive disorder in the epiphyses and periosteum kindred to inflammation. This author points to the fact, that in other tissue, as skin and mucous membrane, we frequently meet with diffuse affections of exanthematous or catarrhal nature, the causes of which are totally unknown to us, but which, though not constantly, are principally found in cachectic, badly nourished, and rhachitical children. And that, after tumefactions have once commenced, the impeded circulation should prevent the phosphates from being deposited to a sufficient amount, and favor their immediate elimination through the kidneys; that therefore the usual superabundance of phosphates in the urine of rhachitical children must be taken as consequence rather than as cause of the want of phosphates in the diseased tissue, is but natural; especially after those remarks I have made before, on the influence of the increased amount of water in the osseous and cartilaginous tissue.

To what extent Virchow is right in directing our attention to the connexion between rhachitis, which is very common among the poorer class of society, and the absence of proteinous substances from the food, either breast-milk or artificial, is shown by everybody's and everyday's experience. Böcker found in the milk of a mother, who nursed a rhachitical child until it died at the age of fifty-three days, in 1000 parts, but 13·111 of caseine, 23·31 of butter, 60·358 of sugar, and only traces of phosphates to the amount of 0·089. Friedleben has, in his "Contributions to the knowledge of the physical and chemical contributions of growing and rachitical bones, in early infancy," the following remarks:—I examined the milk of two women, whose children were brought up with breast-milk exclusively. The skeletons of both were rhachitical in their totality; both recovered, but only after their diet had been changed. One was a turgid, pale woman, of forty-six years, who had been bled several times during her pregnancy. Two specimens of her milk were examined, the first in the fifth, the other in the sixth month after the birth of her child. The analysis yielded, in 100 parts, in

No. 1.	No. 2.
Water, 87·829.	Water, 87·830.
Butter, 4·390.	Butter, 4·390.
Caseine and sugar, 7·542.	Caseine and sugar, 7·542.
Inorganic matter, 0·239.	Phosphate of lime, 0·069.
	Alkaline salts, 0·169.

The milk of the other woman, four months and a half after the birth of her child, looked thin and serous like that above. Since her confinement, being at work and without medical attendance, she had been suffering from uterine hæmorrhages. She was tall and slender, and nearly forty years old. The analysis of her milk resulted in the following figures. In 100 parts of milk there were,

Water,	91·307.
Caseine, butter, sugar,	8·509.
Phosphate of lime,	0·099.
Carbonate of lime,	0·010.
Alkalies,	0·073.
Oxide of iron and silicium,	0·002.

The normal proportions in the healthy milk, not to speak of constitutional and other oscillations, differ considerably from the above, as is proved by the following figures of the several percentages of normal milk:—

Water,	86·60.
Caseine,	3·50.
Sugar,	6.20.
Butter,	3·50.
Soluble Salts,	0·06.
Insoluble Salts,	0·14.

From these statements it follows, that the milk of both women was below the average rate of proteine and hydrates of carbon. The earthy salts were also diminished, but they were fewer in the first case than in the second, while the rhachitis of the second was more decidedly developed than that of the first. Nothing else is required to prove, that the diminished import of phosphates is neither the only nor the principal cause of rhachitis.

At all events then, this much is understood now, that there are other important elements in what we have been used to call rhachitis besides the diminished amount of phosphates; and that want of phosphates, and rhachitis, are by no means identical. Nor is the very nature of rhachitis explained by, or comprehended in, the process of resorption. This is best shown by those physiological experiments which allow a free absorption, but less access of earthy salts and phosphoric acid. Chossat has made the first series of such experiments. Friedleben made similar ones, allowing a number of pigeons no other food but vetches and distilled water. Through five or six months they appeared to be well; then diarrhœa would set in, emaciation take place, and death from exhaustion ensue in the tenth month. The chemical analysis of their bones, compared with those of healthy pigeons, resulted in the following figures:—

Pigeon.	Bone,	Anorganic matter.	Organic matter.	Fat.	Carbonic Acid.	Spec. gravity when dried at 360°.	Spec. gravity when dried in open air.
Healthy	diaph. humer.	64·608	35·397	7·110	8·571	2·692	1·822
Diseased	diaph. ulnæ, et radii.	37·712	62·288	12·084	6·842	2·083	1·762

A further difference was this, that jelly could be formed of the bones of the healthy pigeon in eleven, of the diseased in five minutes. Thus, as gluten was the organic basis in either, the chemical constitution of the diseased bones, as far as organic matter was concerned, was not at all altered. But there were a number of other differences between this diseased bone, and the rhachitical tissue. The amount of earthy salts decreased to nearly one-half of the normal percentage; fat increased; specific gravity less. Carbonic acid twenty-five per cent. less than in the bones of the healthy bird. No tumefaction of epiphyses or periosteum. These results depend on diminished assimilation, which, moreover, is distinctly proved by anatomical examination of the diseased bones. They are thin, fragile, not flexible; they are anæmic, and their medullary canals very wide indeed; the surface is uneven; there are intervals, interruptions, between the remnants of the bone and the dispersed osseous corpuscles, which are much less numerous and less regular than normal, to such a degree that Haversian canals between them are not recognisable. There was nowhere a trace of recent formation, only the proofs of normal absorption.

Now, after having sifted to some extent whatever is known to this very moment on the anatomical and chemical nature of rhachitis, the most recent results included, and alluded to the usual alleged causes of this disease, I need hardly return to my former assertion, that dentition as such, and rhachitis, are in no causal relation to each other; at all events there is no such connexion between the two that the process of the protrusion of teeth could produce rhachitis. Not to speak again of the want of phosphates alone not constituting rhachitis, the amount of these salts slowly assimilated for the formation of some teeth is very small in proportion to what is contained in the food. But surely, the largely diminished amount of phosphates introduced into the system (not only into the stomach), as being the result of the rhachitical process, well explains the slowness with which the teeth form and protrude in rhachitical children, and the simultaneous retardation of walking, and the slow ossification of bones generally. At another place, and in a former lecture also, I have spoken at some length of these matters. Thus we need not wonder that a rhachitical child who has no tooth at a year or later, cannot walk at the normal period, nor that its cranial sutures and fontanelles are not closed before the second or third year. But these latter anomalies do not depend on the retardation of the appearance of teeth, but all of them—retardation of the closure of the cranial bones, retardation of walking, and retardation of the protrusion of teeth—all of them are to be considered as the contemporaneous and co-ordinate results of the same fundamental morbid process.

Original Communications.

REMARKS ON ALBUMINURIA,

MADE BEFORE THE NEW YORK ACADEMY OF MEDICINE.

By A. CLARK, M.D.,

PROF. OF PRACTICE AND PATHOLOGY.

(*Continued from page 19.*)

At the time this woman was in the hospital, there were two others under my charge in whom these same symptoms were the only urgent ones; and during the six months that Dr. Thomas was house physician, he collected in the whole hospital seven similar cases, including these three, and published them in one of the journals.

Convulsions are not very unfrequent in both of the forms of Bright's disease that have been referred to, and I suppose that we are compelled to infer that they are the direct effect of the ureal irritation upon the cerebral matter, inasmuch as the experiments of both Frerichs and Hammond show that when urea is injected into the circulation of animals, convulsions will be the result, if it be not promptly eliminated. We find also that in a certain class of cases, convulsions are rather to be looked for when we know that there is urea in the blood, or at any rate albuminuria. This poison seems to have the same tendency to the brain that opium has, operating, however, differently; that is to say, its vital affinities are for the cerebral matter. It is true that convulsions are not among the most frequent symptoms of Bright's disease, still they are the most alarming when they do occur. It is worthy of note, that in some of the cases in which the contracted kidney is the characteristic of the disease, it is the first symptom that attracts the attention. I could cite a good many instances, illustrating this point. I will, however, refer to but one, that occurred in the practice of Dr. John C. Cheesman.

Three years ago a merchant in rather delicate health, but still sufficiently strong to pursue his business, was suddenly and unexpectedly seized one evening with convulsions. He had not previously been sick enough to consult a physician. He had several of these attacks in the course of the night, and died in the course of the next day. The post-mortem examination revealed the existence of contracted kidney, and no other disease which could have caused his death. One of the kidneys weighed only an ounce and a half. Several similar cases, though not terminating so suddenly, have come to my knowledge, or under my observation. It is not uncommon to find these convulsions where œdema exists. I remember that in the fifteen cases that I gave the history of to the students at the hospital, there were three in which convulsions were a striking feature, and in one the cause of death.

Another important fact in these cases, is the very singular and marked tendency to inflammations of a grave character. One-half of the cases reported by Wilks died of acute inflammations, and among these are recorded pericarditis (a little more frequent than the others), peritonitis, pleurisy, inflammation of the meninges of the brain, pneumonia, erysipelas—inflammation of the leg, spontaneous, in one case, and occurring from acupuncture in another, and so on. I have looked into Bright's famous one hundred cases, and find the same thing true, that about one-half died of acute inflammation. My own cases teach about the same lesson, as will be seen further on.

I will next state a practical circumstance of considerable importance, and hope with it to conclude my remarks this evening—it is the peculiar influence of certain powerful nervine medicines upon those whose blood is more or less loaded with urea. It has been my fortune to see in one single week three persons die from taking doses of morphine or other opiates, that would have been safe under ordinary circumstances. In one instance, one-half a grain of morphine produced death; and in another instance, forty drops of laudanum were given in the evening and the dose was repeated in the night for a pain in the finger, caused by—I do not remember what—and the next day the young man died, and I witnessed his death. In another instance twenty-five drops of laudanum produced the same result in a child eleven or twelve years old, and in this latter instance it was given for some supposed inflammation. The mode in which death occurs under these circumstances, is a little peculiar. It is not always from a profound opiate narcotism; the patient in some of the cases is disposed to move from side to side, and to moan more or less, but he does not pay any attention to questions that are asked him. The pupil is not contracted. The pulse grows more and more frequent, more and more feeble, until it finally ceases to beat. In some of the cases a sort of half coma, not unlike that produced by opium alone but less profound, seems to be the termination, rather than the restlessness. When once these unpleasant symptoms have shown themselves, I have never seen them relieved; I have come, therefore, to be exceedingly cautious in the administration of large doses of opiates, where it is known that there is Bright's disease. The same thing is true of certain other medicines that have a decided influence upon the nervous system. This will perhaps be better illustrated by the synopsis of a case:

In the practice of Dr. Hyslop was a young woman that had pericarditis, and it was not known that she had Bright's disease. She was taking a moderate amount of digitalis, and the doctor came to me one evening, saying that her pulse had gone down suddenly to thirty or forty, and that she was in a good deal of distress. This was a result which could not be explained by the dose of the medicine that was given. I said to him, "we will go down and see her, and I have no doubt we shall find albumen in her urine." We took a test tube with us, and it was as we supposed. This young woman did not die in this condition, although she suffered a good deal of distress, and her sense of sinking was very marked. Her pulse finally came up to a safe standard, and she afterwards died of complications of the principal disease.

I have found the same results follow the use of veratrum viride and aconite, and I have been half tempted to believe that the digitalis has no more the cumulative effect that is ascribed to it than most other remedies, but that it has earned for itself such a reputation by its action in cases where there is urea in the blood, the urea aiding the medicine in producing its effects upon the nervous system.

May 21.—It will be remembered, Sir, that at the last meeting of the Academy I went over a considerable number of the symptoms that frequently attend albuminuria, and made several general statements with reference to the nature of the disease. These latter I shall not now recapitulate. Among the symptoms then considered were the amaurosis, which was supposed to depend in a considerable degree, if not wholly, upon a fatty degeneration of the retina; the flatulent dyspepsia; the distressing sensation across the region of the stomach; the flatulent condition of the intestine; the vomiting, sometimes almost the only existing symptom; the acute œdema of the lungs; the dyspnœa, sometimes nervous, sometimes depending upon this œdema; inflammation of various organs of the body; convulsions; the intolerance in persons whose blood is laden with urea of certain medicines that affect the nervous system, like opium, veratrum viride, aconite, and digitalis; and the cachexia. These were the symptoms that were reviewed when I first had the honor to have the ear of the Academy upon this subject. I propose now to consider a few more of the symptoms somewhat in the same manner, and then go on to some other branches of the subject.

Among the occasional symptoms that I would remark on, is *headache*. This is by no means a constant occurrence in the progress of Bright's disease of the kidney, but it occurs often enough to make it worthy of mention, and when it does occur it is apt to be of considerable duration, and is also apt to be a source of a good deal of inconvenience. I know of no definite explanation of the symptom, but its occurrence in men especially, deserves consideration, inasmuch as they are not very subject to headache except for special causes.

Pain in the back is usually enumerated as one of the symptoms of Bright's disease, but I have learned to consider it of very little importance. In the early study of the disease I always inquired for it, and if it was not present, I had the conviction that it was very likely that no such disease as I was seeking for existed. The more I have sought for it, however, the less I have been taught to rely upon it. It is more frequently absent than present. If the sensation be a dull aching in the loins, extending downwards to the hips, thighs, and organs of generation, it may have its origin in the kidneys; but the pain most commonly complained of is seated in the muscles of the back. I name the symptom for the purpose of saying that it does not deserve that amount of consideration which is usually given to it.

Difficult Diaphoresis.—Another circumstance frequently enumerated among the symptoms is worthy of passing notice, that is the difficulty in some cases in procuring a free diaphoresis. It is almost always stated in books upon the subject, that a dryness of the skin and scanty perspiration mark this disease. This is certainly true of a proportion of the cases as they are seen in the hospitals where the diaphoretic plan of treatment is resorted to—but I do not think that such is the case in the majority of instances. Now and then a patient will be found whose surface becomes very red under the influence of heated air, or the hot air bath, as it is sometimes called. He may suffer from the symptoms of an artificial fever, so to speak, without perspiring afterwards, and yet it is true that many can be made to sweat as freely as other persons, and in these, of course, the employment of external diaphoretics will be most effectual.

In regard to the condition of the urine:—I suppose, sir, that there is nothing more variable than the quantity of urine voided by different patients in Bright's disease. I believe, however, it is very generally true in the beginning of the disease, and at the end of it, that the urine is scanty and often high-colored, but in its progress, after the disease has lost the influences of the first congestion, it very often becomes copious, and continues so for a length of time; it becomes pale, and is usually of a low specific gravity. I observe that Dr. Bulkley, in a lecture recently published in the *American Medical Times*, refers to a certain number of cases observed at the N. Y. Hospital, in all of which a large quantity of urine was passed—in some of the cases the amount equalled a hundred ounces daily. This I am compelled to believe is an unusual quantity. I have had some observations taken with reference to this fact—they are, however, not very extensive, and consequently not very reliable. In five of the cases, where diaphoretic medicines were taken, the quantity of urine was considerable, but where the kidneys were not stimulated the quantity was not very great. As for example, a patient taking Rochelle salts gives the following quantity of urine passed during each of eleven days, 80, 72, 74, 64, 54, 45, 50, 58, 74, 34, 32 ounces. Another who was taking iodide of potassium, passed 67, 62, 65, 50, 52, 54, 34, 30, 34, 24, 36, 34 ounces. In another who was not taking any medicine, we have the following figures, 25, 20, 16, 20, 34, 27, 30, 34, 38, 44, 40 ounces. In another the quantity passed per diem was measured in pints, 3, 3½, 2½, 2¼, 3, 3¼, 3, 4½, 3½, 3¼. That is sufficient for an illustration. I say again, the quantity varies markedly, and I believe the general rule is that if diuretic medicines are not taken the quantity of urine passed is smaller than in health. It is specially noticeable in a considerable number of these cases, as the disease is approaching an unfavorable termination, that the quantity of urine diminishes, so that often during the last thirty-six or forty-eight hours the amount does not exceed a few ounces; sometimes it is entirely suppressed. Almost always when this condition occurs, it is noticed that the urine, when any is passed, is either bloody or of a very high color. I suppose there is no more unfavorable symptom than suppression or very marked diminution in the quantity of urine.

With reference to *albumen, blood casts*, etc., in the urine, I shall refer to them another evening, as I am not yet prepared with a resumé of my observations. But I will say now, while it is well known that albumen is found in the urine in the great majority of cases of Bright's disease, there is a considerable proportion still left in which this substance cannot be discovered up to the hour of death, or perhaps only in the last few days of life; still, all the other symptoms may be marked enough to authorize a diagnosis. The absence of albumen, then, is no proof that Bright's disease does not exist, and for purposes of diagnosis we look for the casts. These are only discoverable, as is well known, by microscopical examination. They vary very much in character. There is the transparent model or a cast of the uriniferous tube, so perfectly transparent that it is called sometimes hyaline, though called also sometimes waxy. These are composed of an exceedingly pale, uniform substance, without granule or globule, cell or nucleus, upon them, and are only seen from the fact of their having a little higher refractive power than the medium in which they are placed. Then to this hyaline cast as a basis are often added granules, fat globules, cells of the uriniferous tubes, and nuclei. These casts are sometimes filled with blood that seems to have undergone a kind of coagulation; and these several forms are called granular casts, fatty casts, blood casts, etc., and I will here remark that the blood casts are not simple coagulations of blood in cylindric forms, but they are also encased in these hyaline tubes. These casts occur, one or other of them, in the great majority of cases of Bright's disease, whether albumen is present in the urine or not.

(*To be Continued.*)

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In the year 1860, for which the returns have just been issued, 14,775 persons in England and Wales died a violent death—one person in every 1,328. Nearly 13,000 of the deaths are ascribed to accident or negligence; among them 5,417 were caused by fractures and contusions, 1,061 by suffocation (760 at not a year old), 2,264 by drowning, and 3,166 by burns and scalds.

IS IRIDECTOMY A NEW OR OLD OPERATION?

By JULIUS HOMBERGER, M.D.,

OF NEW YORK.

A PAPER with this title, published in a previous number of this Journal, by our excellent confrère, Dr. John O'Reilly, contains several points which seem to me not entirely acceptable, and I beg leave to submit, in response to it, the following remarks:—

The term "iridectomy" has become identical with the term "artificial pupil," since the methods of "iridodialysis," tearing the iris from its ciliary insertion—and of "iridectomy," dividing the iris with a sharp instrument in a radial sense—have both grown obsolete: an iridectomy produces always an artificial pupil, and an artificial pupil is the result of an iridectomy.

Cheselden was the first to perform an operation on the iris with a view to procure the rays of light an entrance in the eye, and since his time the operation, frequently modified, has been executed in numberless cases of obscuration of the cornea covering the pupil, or of closure of the pupil by inflammatory processes. *The object of these operations was a mere optical one.*

De Graefe, our illustrious master, first found an indication for the operation of iridectomy in two forms of disease, glaucoma and iritis. In these the operation is not executed for an optical but for a therapeutic purpose.

A disorganized state of the vitreous, according to Dr. O'Reilly, with increased secretion of the aqueous humor, causing convexity of the cornea, together with almost complete closure of the pupil, thus precluding the entrance of light into the orbit (?) and consequently preventing the formation of external objects on the retina, thus, in truth, rendering the individual blind, caused De Graefe to perform iridectomy.

I may be allowed to state that this is not the idea of De Graefe. Glaucoma depends, according to him, on a peculiar exudative inflammation of the uveal coat. The symptoms of this inflammation are excavations of the papilla of the optic nerve, dilatation of the pupils, anæsthesia of the cornea, hardness of the globe, ciliary neuralgia, etc., all of which are the consequence of the *increased intra-ocular pressure.* This pressure causes the disc of the optic nerve to be cupped, produces paralysis of the sphincter pupillæ and anæsthesia of the superficial ramifications of the quintus nerve of the cornea; the hypersecretion of the choroid makes the globe more resistent, and the neuralgic affection is explained by mechanical irritation of the ciliary branches of the trigeminus.

I must further observe, that the German surgeons—I proceed to the fourth point of Dr. O'Reilly—do not mean to attribute the effects of iridectomy to the quantity of blood lost during the operation and the escape of aqueous humor, but *to the diminished intra-ocular pressure following the division and excision of the iris.* I believe that the change in the conditions of pressure in the eye, effected by the division of a group of muscles, has a parallel in the influence of division of the sphincter ani in certain diseases of the rectum, and incision of the circular muscular fibres of the vagina in vaginismus.

It is particularly the answer on the sixth question, "*What then is the true explanation of the good effects from the operation as performed by De Graefe?*" which we cannot pass.

The enlarged condition of the pupil is of no use whatever for the sight; on the contrary, it produces a dazzle—besides the pupil, in cases of glaucoma, is dilated almost ad maximum. An infinitely small pupil is large enough to allow distinct vision. Iridectomy for "myosis and cases of contracted pupil by continually looking at the smallest objects" (?) will never be indicated, as the use of atropine will not fail to dilate the pupil.

The second indication for iridectomy De Graefe found in cases of chronic iritis and irido-choroiditis, with extensive posterior synochus and exudations in the pupil. The shoots of these affections invariably form attacks of acute iritis, with exudations in the pupillar space. The extension of the iris has not the object to open the eye to the rays of light, as there mostly exists a sufficiently large pupil—its aim is principally to restore communication between the anterior and posterior chamber, and to remove the nutrient of the exudations in the pupil, and the pupillary margin.

De Graefe and his pupils have obtained the most gratifying results from this procedure. Eyes, with totally disorganized iris, where the inflammation of this membrane had caused the choroid to participate in the inflammation, and where all the sure symptoms of choroiditis, amblyopia, narrowness of the field of vision, and *even the beginning of atrophy of the globe* existed, were restored to a certain degree of sight. After the excision of the iris the anterior chamber became again of normal depth, the iris a more natural appearance. The symptoms of choroid inflammation disappeared, *the bulbus readopted its normal size.* The exudations in the pupil became atrophied, and the power of vision in many cases reached to almost a normal height.

The analogy of Mr. Ryan's case, quoted by Dr. O'Reilly, with this group of diseases is evident. But Mr. Ryan, according to his own words, operated *for the obliteration of the pupil.* That he selected a case with the symptoms of chronic inflammation, and dared to operate on a heavily disorganized eye—at a time when an inflamed eye was considered a *noli me tangere*—proves his courage as an operator; but the one remark that "this case had been selected as the most unfavorable that could present itself for the performance of the Cheselden operation," sufficiently proves that he merely executed the operation for *the production of an artificial pupil,* FOR AN OPTICAL PURPOSE.

I therefore believe that the honor of the institution of iridectomy as a *method for the cure of inflammatory processes in the eye,* has still to be attributed exclusively to De Graefe.

Dr. O'Reilly, in the course of his paper, after the designation of Mr. Ryan's case, enters into some remarks on the nature of glaucoma, which to discuss all would lead us too far. We beg leave to remark briefly, that "the augmented convexity of the cornea in glaucoma and glaucomatous disease, or in consequence of the action of the recti muscles in looking at small objects," are mere theories, in which, it is true, many writers on ophthalmic surgery used to indulge. The recent investigations of the process of accommodation, carried on with mathematical exactitude by Helmholz and others, have proved that neither cornea nor recti muscles have any part in the act of adjustment—that the surface of the cornea does not change its convexity, and that the recti muscles do not by their contraction exert any influence on the shape of the eyeball.

The ideas prevailing in regard to the nature of glaucoma have been so greatly changed since the invention of the ophthalmoscope, and through anatomical and microscopical examinations of pathological specimens, that Beer cannot any more be quoted as an authority on such matters. The changes in the hyaloid and the areolæ of the vitreous body (?), as well as the varicose state of the veins of the choroid, are, if they exist, certainly no pathognomonic symptoms of the disease. To put the changes of circulation in glaucoma on account of the contraction of the recti muscles, is evidently mere speculation. Why should they influence the circulation in disease, as they never interfere with it in a normal eye? Is their contraction modified in glaucoma? Then we would have to consider glaucoma as a disease of the eye muscles.

Altogether, Dr. O'Reilly's remarks are quite *à-propos.* I see with pleasure the subject of iridectomy ventilated, as the object of De Graefe in performing this operation is, it seems to me, only very superficially known here. In a paper on "The Operations of the Eye," published in the *Transactions of the American Medical Association* (1860), by Dr. Patten, of St. Louis, it is but briefly and incorrectly represented; and the single fact of the reprinting of the whole of the valueless article in the "Transactions," bears sufficient proof how very little knowledge of and interest in this part of surgery exists in this country—assuming that the American Medical Association is to be considered as a body of enlightened representatives of the medical profession of the United States.

Iridectomy is undoubtedly the most important discovery in ophthalmic surgery, which has been made in this century, and has already raised a revolution in all operative oculistic procedures; but it cannot serve the interest of suffering humanity until deep-rooted prejudices as to the danger of the operation and its indications have been perfectly eradicated. The operation shares the fate of almost all great discoveries, and science waits ever patiently, cultivated by a few only, until all its apostles have become converted to the particulars of its progress!

BULLET WOUND EXPLORATION.

By RUFUS KING BROWNE, M.D.,

BRIGADE-SURGEON U.S.A., AND CHIEF MEDICAL OFFICER FOR NORFOLK, VA.

An extremely simple change in the usual means to reach the end of a bullet track—the place of lodgment, or of following the track into and out of the tissues, has enabled me to succeed more frequently than usual; particularly in case the course of the track was either angular, or described a bend, or was in part tortuous. This change is to bend more or less abruptly the probe near its end. If a straight or slightly curved probe be introduced and pushed into the entrance of a bullet wound, its end will be detained at the first turn, bend, or deflection, which is the beginning of the second direction, and withheld from going further: if, moreover, the effort to carry it beyond be continued, by moving the hand, holding the outer end to and fro or around, the inward end will change its position very slightly if at all, and cannot by means of any movement of its outer end be diverted or carried much if at all from the spot of its detention; and should the extension of the wound from here be in a different direction at an angle or abrupt bend, the point will not be turned to engage the continuation of the track. If, however, a bend exist near the probed exploring end, so abrupt as to form an apex, this will rest against a variable spot in the wall of the track, above what would be in the first instance the point of detention:—but in the latter instance, if any detention occur, when the hand is moved to and fro, the apex or the bend will carry the point in a different direction and into any part of the track beyond which it continues in that direction. In all the wounded by bullets which reached the "Naval Hospital," Portsmouth, on the 9th of June, nearly 500, every bullet wound in which I saw and examined, this simple expedient of which I made no mention enabled me to follow the track, whether it terminated in the tissues or found a canal through and out of them, except in cases where the track opened into the thoracic cavity, or terminated in the pulmonary tissue. This expedient will be found to succeed perhaps in all cases where the track of the wound turns or bends in two or three directions. The bend in the probe should usually be about the distance from the probe point of the last joint of the finger from its tip. Although previous to being a witness to any bullet wound, I held the idea, having thought of it as an occasional change in the form of the catheter to prevent its becoming arrested in the urethra, I have never mentioned it except in one instance it succeeded readily, when the probe of uniform curve, in the hands of a perfectly skilful explorer, failed.

The case was a soldier who while in battle resting upon his right knee, the other flexed at a right angle, was struck by a minié ball which passed into the anterior muscle of the left hip, through behind the pubes, into and out of the bladder, and lodged a little to the right of the raphe, in the perineal fascia. Here there was a large fistulous gap leading to the neck of the bladder, from which dribbled the urine, and which in fact turned out to be of fistulous character, the ball being found just above and behind its edge. At first the professional examiners, three, could not content themselves that one ball had made so various a wound—and the only way of ascertaining the fact was to explore and find a continuous canal from the orifice in the thighs to the fistulous opening, of which in these two points were the undivided termini. The exploration by the probe, as usual, was done, but failed to carry the probe beyond a certain point. The surgeon in charge, a most skilful and successful one, was abandoning the attempt, when permission was granted me to explore. The slight bend in the catheter I have stated, was made, and the end of the probe without detention in the track appeared through the fistulous opening. The first exploration had been arrested by an abrupt turn about the middle of the track, and this involved a second turn a little beyond. This expedient is simple, but perhaps will be found successful in all hands. Of course in the exploration of wounds, we all need to practise the lessons we have been taught respecting the handling in the introduction of the catheter. *No force must be used.* That I have never seen the probe used in bullet wounds as the catheter *should* be, is a very unpleasant experience in the army. I am satisfied that the best probe in any bullet wound, but very superficial ones, is the soft metallic or the lead probe—not because it is *softer* to the tissues, but because it can be instantly curved or bent, even when a part of its length is in the track of a wound. And the only forceps which should be used for the withdrawing of bullets is the mouse-tooth forceps (Thomas) described by my friend Prof. Hamilton, Brigade-Surgeon, U.S.A. The spoonbill or the dressing forceps can scarcely be prevented from inclosing in their grasp of the bullet (when that is accomplished), more or less of the tissue, which closed partly over the bullet; and this is to be torn by traction from its connexion in the withdrawal of the bullet. They are best only for the removal of spiculæ of bone, cloth, coagula, or anatomical debris.

CASE OF
ANEURISM OF THE ARTERIA INNOMINATA.
BY CHARLES K. BRIDDON, M.D.

SURGEON OF THE NEW YORK DISPENSARY.

THE patient was a stout, robust Englishman, of 36 years. He came under my treatment in the middle of September, of last year: he was suffering at that time from cough, stridulous in character, with scanty expectoration and occasional dyspnœa. On making a physical exploration of the chest, I found the percussion note clear everywhere, unless it might have been a shade duller below the sternal half of the right clavicle, and over the manubrium sterni; this was not clear, however, for the thoracic walls were so cushioned with fat that it was difficult to note a slight difference. Auscultation revealed loud, sibilant, and sonorous râles everywhere present. Over both lungs, the cardiac sounds were somewhat indistinct, but normal; there was no bruit over the region of the heart or great vessels. He was treated by expectorants, occasionally combined with anodynes and antispasmodics, but was in no way benefited thereby; paroxysms of dyspnœa became more frequent, and during several of these attacks, which were accompanied with convulsive coughing, he became vertiginous, and on one occasion lost his consciousness. He continued to attend to his business until the 28th of November, when I visited him at his house. He had had several attacks of convulsive coughing, during which he became purple in the face, and his dyspnœa was so great that he could not assume the recumbent position. On the 29th and 30th his condition was about the same; and during these three days he had sat in a chair, resting his arms upon the back of another placed in front of him, and he could not be induced, nor was he urged, to assume any other position.

On the evening of the 30th, I could detect no pulsation in the right radial artery, and it was indistinct in the other branches given off from the same source; I carefully examined the region of the thoracic aorta, but could detect no bruit of any kind; but on the strength of the absence, or feeble pulsation in the vessels supplying the right upper extremity, I expressed my fears of aneurismal or other obstruction existing, and suggested a consultation with Prof. Clark, who visited the patient on the 30th. I did not take notes of the very careful examination made by the professor; he traced dulness occupying the upper portion of the sternum, directed my attention to a sound conveyed to the ear placed over the vertebra prominens, which gave the impression of tracheal compression; the air sounded as if it labored through a narrow chink, at least such was my conviction; no bruit was discovered, pulsation was very feeble in aforementioned vessels. And from these facts, I think he coincided in the diagnosis as to aneurism, or other obstruction, exerting pressure upon the trachea.

On the 31st, the patient was decidedly better, his breathing was more easy, and the pulsation in the right radial was easily made out; he spoke of his amendment in good spirits, and looked every way so much improved that I hoped the danger was averted for the time. I was sent for at 6 P.M., and found him dying, seated as I had left him in the chair. I attempted to administer stimulants, but desisted, and in a few moments he was dead.

I obtained the autopsy, which was made twenty hours after death. The thoracic parietes were loaded with fat, veins of the neck gorged, and discharging when incised a large quantity of black fluid blood. Lungs were somewhat emphysematous and adherent by old adhesions on the right side. Pericardium contained several ounces of serum; the heart was healthy.

Immediately above the semilunar valves of the aorta was an aneurismal pouch about the size of a goose's egg springing from the ascending portion of the arch; the opening into it was circular, about an inch or an inch and a quarter in diameter, and the lining membrane of the artery was continued over the margins of the opening into the sac, which was lined to the thickness of three-quarters of an inch with laminated fibrine. Above and behind this sac, was another of smaller dimensions pressing upon the trachea, and incorporated with it in a mass of condensed areolar and new tissue; the vagus of the right side was embedded in this deposit; from the top of the smaller sac arose the right carotid and subclavian, and the mouths of the vessels, as they arose from the sac, were compressed laterally by the elevation of the sac itself. The lining membrane of the trachea and bronchi was of a dusky red or maroon color; but at the point of compression there were no marks of thinning or ulceration.

From the appearance of the parts as represented in the above description, it is probable that the sac was formed out of the dilated tunics of the arteria innominata, and also of that portion of the aorta from which it springs.

A CASE OF
AN ENCYSTED CERVICAL TUMOR,
PECULIAR FROM THE IDIOSYNCRASY OF THE PATIENT.
BY H. LASSING, M.D.

ARABELLA J——, æt. 17, of a strumous diathesis, was brought to my office for treatment of a cervical tumor, which one of the advertising fraternity had pronounced as "*chronic mumps verging into cancer.*" Upon examination I found an encysted tumor in the region of the cervical glands, commencing between the ramus of the jaw and mastoid process on the left side, and continuing down below the angle, which caused a protrusion in the throat, evidently by pressure upon the point of the styloid process. The hearing upon the side where the tumor was situated was slightly impaired, the stenonian duct on that side effused little or no saliva, the parotid gland being also slightly affected. Respiration with closed mouth difficult.

This had been first noticed about two years before I saw the patient, and at first, sharp, shooting, lancinating pains were felt through the tumor; the tumor has gradually increased since. Patient has wasted away somewhat, appetite poor, habitually costive, and affected with leucorrhœa. Menstruation normal.

She has taken all the popular nostrums of the day, and been treated by Dr. Newton, and all the rest of his stamp. She has also been under the care of several medical men of eminence, but would not persevere, otherwise she would no doubt have been cured. In order to restore her general health somewhat, I prescribed purgatives of various kinds, to enumerate which would take more space than you can afford me; but none of all in the pharmacopœia, no matter in what shape it was administered, would act so as to produce a stool, without being attended with inconvenient and unpleasant symptoms, such as excessive emesis, hæmatemesis, melæna, hæmorrhoids, and sometimes menorrhagia. Only two remedies acted well, however, for a few times only, viz. a soap suppository, and enemas of cold water. Her stomach was extremely irritable, and could hardly bear anything in the shape of médicine, even if pleasant to the taste, or inclosed in capsules. When she attempted to take it she experienced spasms in the throat, and after it had passed into the stomach, she would retch and most generally eject it. Enemas produced colic, violent purging, and extreme pain. Bitter tonics were out of the question, her stomach would not retain them; acids fared no better; ferruginous preparations she could not be made to take, no matter how disguised; any persistence in an attempt to administer being always followed by a state bordering on catalepsy. To apply any liniment or ointment to the part had equally injurious effects, and in addition produced excoriations and extreme irritation. Once when the tumor was painted with very dilute tincture of iodine, she was thrown into convulsions which lasted forty-eight hours. I tried every remedy I could hear of to allay the irritation of her stomach, when I found, to my great surprise, that she would willingly drink large quantities of a tea of eupatorii foliæ, although she could not take any other bitter preparation, and could drink it more readily if aromatic stimulants were added. I administered this to her in large quantities, together with the lobelia inflata et laurus foliæ, which produced a copious alvine evacuation, and very easy but thorough emesis. Upon examination of the utensil which contained the matter ejected by the stomach, a very thick, foul, reeking, slimy mass was found floating on the top. In appearance it much resembled a placenta after delivery, and seemed to be composed of mucous and bilious particles. The liquid underneath was a dark brownish fluid, of the consistence of muddy water. The patient during, and after this operation, remarked, that this was "the easiest vomiting" she had ever had. After this I found no trouble in administering medicine to her, although I had tried various emetics unsuccessfully before. The irritation of the stomach recurred twice more during the treatment, but was each time conquered by the lobelia and laurus foliæ, administered in small quantities.

As to the tumor, by alternating stimulating embrocations and unguenta, preventing irritation, and improving her general health, it was reduced about one-half by resolution, her hearing improved, respiration became more easy, and more saliva was furnished. Great care had to be used, as everything applied was quickly absorbed, and followed by constitutional symptoms. When it was found that nothing further could be gained by resolution, a resort to the knife was again proposed, but she would not submit to this. To administer chloroform or ether was impossible, as, from her previous experience, she had been thrown into violent convulsions by their mere smell in a dentist's room. I then applied electricity, as a tonic, stimulant, and anæsthetic; it acted as such, and answered every purpose. As a stimulant, it acted in two ways; as a direct stimulant, and by the contractions produced by it, particularly of the sterno-cleido-mastoideus. When a bistoury was connected with the negative pole of a direct magnetic current, and the conductor of the positive pole held in the patient's hand, no trouble was experienced, and incisions could be freely made into the cysts, without inflicting pain. From these incisions large quantities of suppurated matter of a cheesy appearance exuded, which were eventually succeeded by small quantities of dark venous blood. When no more exuded, the sac was taken out, using electro-magnetism as the anæsthetic, and the wound healed up quickly by first intention, leaving but a small rectangular cicatrix. The tonics were continued for several weeks. Now, three months after the sac has been taken away, the patient looks much better, having gained some twenty pounds in weight, and her general health is good. No tumefaction of the part has since taken place.

Reports of Hospitals.

HOME FOR SICK AND WOUNDED SOLDIERS.

SEVERE CASE OF GUNSHOT WOUND—DEATH—AUTOPSY.

[Reported by Dr. A. E. M. Purdy, House Surgeon.]

Charles Munson, private, Co. K, 2d Regiment, N. Y. S. M., while working in the trenches at Yorktown, received a shell wound in the elbow, and also a gunshot wound in the back, at the top of the sacrum. After being wounded he was able to walk some distance. He was sent to the General Hospital at Yorktown, and while there several pieces of bone were extracted from the wound in the elbow-joint. The wound in the back gave but little trouble.

Upon arriving at this hospital, May 25th, the arm was permanently flexed, presenting at the elbow an extensive fungoid appearance, the wound being five inches in length and three in breadth, causing the most intense pain. The wound in the back healed kindly, giving little or no trouble. Simple water-dressings were applied to the elbow-joint; but the treatment was without avail, and as the system was greatly below par, and nothing was to be gained by delay, it was therefore determined to amputate. On the 31st of May, the ordinary circular operation at the middle third of the humerus, was performed.

The patient appeared to do well until the 4th of June, when he complained of great pain in the knee, followed by a violent chill; brandy, quinine, and warm applications were used to restore warmth to the circulation. Another chill of less violence succeeded in the afternoon of the same day, after which the temperature of the affected limb being slightly increased, with a pulse of 140 per minute, it was thought advisable to administer the following prescription:—℞. Tr. aconiti rad., gtt. xvj.; aq. ℥ ij.; M. To be taken in teaspoonful doses, every second hour.

In twenty-four hours the pulse was reduced to 100, when the aconite was discontinued.

The temperature of the leg continued above the normal standard, with pain and excessive swelling, causing tension of the integument. It now became necessary to give twenty drops Magendie's sol. morph., to insure sleep. The wound in the back at this time was almost healed.

Together with the chills, which had now lost somewhat of their strength, profuse perspiration at the time set in, which weakened still more his already debilitated frame.

The quinine, which he had been taking in the form of pills, was now ordered in solution, with the excess of the acid sufficient to make ten drops to each dose, given every fourth hour. This treatment somewhat relieved him.

About two weeks after the commencement of the attack, he began to complain of his mouth, with great difficulty of deglutition. Upon examination cancerous ulcers were found upon the tongue and mucous membrane of the mouth. Chlorate of potassa was used, but with little benefit; also sodæ biboras, with honey, and various other remedies, but all to no purpose. During the course of the disease there was a very troublesome diarrhœa, alternating with constipation. The chills continued, but of a more feeble character. During this time the wound from the amputation was not progressing favorably; the discharge was scanty, and the stump painful when moved. The leg in the progress of the disease became smaller, and at the time of his death assumed the normal size.

All remedies failed to afford relief, and he gradually sank, dying on the evening of June 29th, thirty-five days after admission, and thirty after the operation.

Autopsy ten hours after death.—An incision was made along the course of the femoral artery, and upon coming down to the sheath of the vessels, they were found so firmly adherent that they could only be separated with the greatest difficulty. The artery was perfectly normal, and the vein greatly distended, with irregularities in its calibre at different parts, and in tracing it out, one of the smaller branches being divided, a considerable quantity of pus escaped.

The greatest amount of disease was about Poupart's ligament.

On continuing the dissection beneath the vein on the upper third of the thigh, the scalpel cut into quite a large abscess among the muscles.

Upon removing the whole of the femoral and internal iliac veins, and dividing the former, a complete plug of blood and pus was found.

A considerable interest having arisen as to whether the wound in the back had any connexion with the venous trouble, a thorough examination revealed no such trajet of the ball.

The wound in the back was no doubt produced by a piece of the same shell which caused the wound of the elbow. The kidneys and lungs were in a normal condition; the liver gave no evidence of venous trouble.

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Stated Meeting, May 14, 1862.

DR. T. C. FINNELL, PRESIDENT, IN THE CHAIR.

ANTE-MORTEM CLOT.

Dr. Austin Flint exhibited a heart, in the left ventricle of which was found an ante-mortem clot, white and dense, arranged so as to form a coil partly around the columns of the mitral valve, tying it together. The liver and kidneys were fatty, the former weighing nine pounds. The symptoms immediately preceding death were, a feeble pulse and dyspnœa. The patient was in a semi-erect posture at the time death occurred. Dr. F. called the attention of the Society to the accidental formation of clots in various diseases, and related two cases of pneumonia in which the patients of a sudden became afflicted with increased dyspnœa, the action of the heart at the same time becoming much enfeebled, and death following soon after.

DESTRUCTIVE INFLAMMATION OF KNEE-JOINT.

Dr. Finnell presented the bones of the knee-joint taken from a boy aged seven years, whose limb was amputated at St. Vincent's Hospital, May 19th, 1862. At the age of two years the left knee-joint was injured by a fall, and was followed by acute synovitis. The disease was allowed to proceed without any medical or surgical treatment, and at the end of one year the limb was flexed at an acute angle, the joint much enlarged, and a small fistulous opening on the inner condyle of the femur. At the end of the second year the dislocation of the joint was complete, the posterior surface of the femoral condyles resting on the articular surfaces of the tibia, projecting at least half an inch in front of the tibia. The boy's general condition was not much altered by the gradual process of the diseased articulation. He entered St. Vincent's Hospital in the early part of June, 1862, in order to obtain relief from the deformity which had now been existing five years. On consultation, it was decided to divide the hamstring tendons, and then by means of the weight and pulley endeavor to get the limb in better position. On the 8th of April I had the boy etherized, and proceeded to divide the tendon of the biceps, then the sartorius gracilis semimembranosus and the semitendinosus. The limb could be very little extended, notwithstanding all the tendons were freely divided. Cold water dressings were applied, and the boy put to bed. On the fourth day after the operation a five pound weight and pulley was adjusted to the limb, and enabled me to get the femur and tibia at right angles without much annoyance to the patient. On the 16th of April the inflammatory condition of the joint obliged me to dispense with the weight. The boy became feverish, lost his appetite, and was gradually losing strength. It was becoming evident that amputation was indicated. My term of service at the hospital having expired, the patient passed into the hands of Dr. Theubaud, who removed the limb by the flap operation on the 19th inst. A dissection of the parts shows the disease to have been much more extensive than was at first supposed. The cartilage covering the ends of the bones had almost entirely disappeared; only a small fragment could be seen near the insertion of the crucial ligament. In the vicinity of the divided tendons suppuration had taken place extensively, the fasciæ of the thigh and leg forcing the pus between the muscles. The patella was roughened, and the cancellated tissue of the tibia and femur were in a carious and softened condition. The boy is doing well after the amputation, and promises to make a good recovery.

EXTIRPATION OF EYE, ETC.

Dr. Noyes exhibited an eye which he had removed two weeks before from the person of a medical man from the country, 36 years of age. The eye was lost in childhood by an injury which produced rupture of the globe, and for a period of many years it gave him no trouble, vision of the remaining eye continuing good. During the last three years, however, he began to have dimness in the sound eye, accompanied by muscæ volitantes. There was only occasional pain over the eyebrow of the lost eye. He came to New York in February last, and sought advice at the Eye Infirmary. There was posterior synochia present, and the pupil was reduced to two lines in extent. He was told that all the trouble was due to the injured eye, and that the remedy was extirpation. He returned home, not satisfied with the decision; but his eyesight deteriorated so rapidly, that at the end of a fortnight he again presented himself ready for any operation that might be deemed necessary. The injured eye was then tender on pressure, and he had suffered considerably from supra-orbital neuralgia. The vision of the remaining eye was then so much disturbed, that he could scarcely discern the heading of a newspaper. The operation of extirpation was performed, but he was soon after seized with suppuration of the cellular tissue in the orbit, which gave rise to very alarming typhoid symptoms. A puncture was made deep in the orbit, relieving the tension, when the urgent symptoms subsided. For two or three days the remaining eye was chemotic, and discharged considerably. Subsequently when this eye was examined, the synochia was found so extensive as to leave very little hope of restoration of perfect vision short of the formation of an artificial pupil. The examination of the eye that was removed showed that the choroid had undergone calcification, and the microscopic examination disclosed the presence of bony matter already developed.

TUMOR OF ORBIT.

Dr. Noyes exhibited a second specimen, a tumor removed from the orbit of a young man, twenty-five years of age, who had always enjoyed good general health. At the time he first presented himself the right eye protruded to such an extent as that the edge of its upper lid was fully an inch in advance of the upper lid of the opposite eye, and the centre of the pupil was half an inch lower than the corresponding point of the opposite eye. The patient stated that the protrusion of the eyeball had been of gradual development—in fact, he thought he had been born with it. It had never been painful, nor had it been attended with inflammatory symptoms. The vision of the affected eye was remarkably good; the same might be said of the movements of the eye. He had never suffered from any double vision. There was no syphilitic taint of the system, neither was there any hereditary predisposition to cancer. The lachrymal gland was pushed down to such an extent, as, when the upper lid was everted, to present itself at the edge of the palpebral conjunctiva. The tumor presented itself in the form of a process from the outer surface and upper edge of the orbit, and could be felt as a hard mass, as far as the supra-orbital foramen. Dr. Noyes was of the opinion the tumor was a production of some sort between the periosteum and roof of the orbit, possibly a cyst or fibrous tumor. The operation was undertaken with a view, if possible, of saving the eyeball. The incision was commenced at the outer angle of the lids, carried outwards three-quarters of an inch, and thence along the brow, terminating at the supra-orbital foramen. The tunica oculi being then slit up, the tumor was discovered attached to the foramen lacerum anterius. It was removed in different pieces. The gland which showed itself at the margin of the lid was only a secondary one; the main gland was found situated further back, and, the major part of it having undergone degeneration, was removed with the tumor; two or three stitches were taken in the conjunctiva and integument. Some hæmorrhage occurred in the orbit in consequence of the violent actions of the patient when recovering from the anæsthesia. The result was that two hours after, by the accumulation of blood behind, the eyeball was as prominent as ever. The hæmorrhage was controlled by compresses and bandage, which was kept applied for twenty-four hours, at the end of which time vision was found undisturbed. There was, however, subsequent sloughing of the cornea owing to his inability to close the lids, and at the end of four weeks there is a great deal of opacity. An abscess had also formed in the upper lid, causing contraction and distortion of the same. The movements of the eyeball were perfect. The tumor proved to be fibrous in character, presenting under the microscope fibrous tissue in abundance, with a large amount of free nuclei in the fibres.

Dr. Lewis Smith presented a portion of the base of the brain removed from a boy who died at the age of two years and eight months. He belonged to a healthy family, and during the past year had been in good health. During the first sixteen months of his life he suffered from two or three serious attacks of sickness, one of which was erysipelas, and in these attacks there were symptoms of convulsions, though none occurred. In the latter part of March the mother noticed that he was fretful at night, and on asking the cause he referred to his abdomen as the seat of his distress. Little attention was given to his complaint at first, but, continuing to grow worse, Dr. S. was called in to see him on the fifth of April. The little patient was then walking about the room. His head was large in proportion to the size of the body; his tongue was covered with a thick white fur; his stomach was irritable; bowels tending to constipation; the pulse and respiration were accelerated. There was no headache, no unusual heat of the head Slight uneasiness of the abdomen was complained of in the region of the umbilicus, but that was about all. A purgative dose of calomel was prescribed. At the next visit vomiting commenced, and continued at longer or shorter intervals until the tenth of April, despite every remedy. During these five days very little food could be retained upon the stomach. About the tenth of April, the sighing respiration and intermittent pulse gave rise to a suspicion of disease of the brain, and an opinion to that effect was expressed to the family. Counter-irritation behind the ears was employed, calomel as an occasional purgative, and also iodide of potassium, but to no purpose; the child died on the seventeenth of April. The sighing respiration and intermittent pulse continued to the last, and he was conscious up to within twenty-four hours of his death.

Autopsy.—Abdominal organs entirely healthy. The upper surface of brain was slightly congested, but there was no opacity of the membrane. The lateral ventricles contained about ℥i. of clear serum. The foramen of Monro was unusually large. At the base of the brain at different points, in the fissure of Silvius, and along the sides of the hemispheres low down, were deposits of tubercles, ascertained to be such by microscopical examination. No tubercles were found in any other part of the body, the mesenteric glands being perfectly healthy. In nineteen cases of Hydrocephalus that Dr. S. had preserved notes of, ten occurred in scrofulous children. He had also found that tubercular meningitis was more common in those children who were under one year of age when attacked.

The meeting then adjourned.

Progress of Medical Science.

TRANSLATED FROM THE FRENCH BY DR. P. F. C. DESLANDES.

HYGIENE OF MILITARY HOSPITALS.

(*Continued from* p. 28.)

As to the places of the beds in our military hospitals, they are against the piers of the rooms instead of standing against the windows whose fresh air might aggravate certain diseases or induce others, such as catarrhal affections, rheumatisms, neuralgia, etc. For the same reason the beds should not touch the walls, which partly suspend the circulation of the ambient air, and get impregnated with dampness in winter, and with heat in summer.

A bed rather elevated than too low preserves the patient from the unwholesome emanations of the surface of the floor, and facilitates medical exploration and the use of the different appliances of surgery.

Stretchers furnished with a straw mattress suffice for temporary hospitals for the army, or simply straw beds for the provisional ambulances; but we must avoid there as elsewhere the crowding together of the sick.

All the systems of artificial aeration of MM. Leon Duvoir and Leblanc, Thomas and Laurens, Van Weeke, Grouvelle, and Chevalier, having not had so far, apparently at least, a marked influence on the decrease of mortality, natural ventilation by means of opposite windows remains the simplest and easiest mode of aeration, if they have at their upper part lattices to preserve the patient from the direct contact of the air. The insufficiency or excess of natural, and the difficulties of artificial ventilation by means of apparatus which scatter the miasmata on the spot, without expelling or destroying them, have led to the use of a great many disinfecting agents. M. Nonat speaks highly of results obtained by permanent fumigation of dilute chloride of lime, placed in vases through the rooms and renewed every three or four days. The dangers of infection arise from the vitiation of the air, particularly at night, the natural excretions of the patients, their fœtid breath and perspiration, the expectoration of gases and liquids, alvine dejections, evacuations, and urinary fistulæ, all these joined to accidental secretions, the suppuration of wounds and ulcers, the putridity of hospital gangrene, are so many mephitic beds from which may arise the most formidable epidemics in ambulances and military hospitals, on the trail of armies in campaign, exhausted by all the fatigue and privations of wars, and above all, in the disastrous conditions of *encombrement* (crowding).

As regards the treatment of the sick in military hospitals, I may mention the advantageous influence of the first attentions given in the infirmaries or on the road by the physicians; ablution for each soldier that enters the hospital, simple dressing for the wounds, water substituted for poultices, union by the first intention, replaced in many cases by semi-union, aided by position; rare dressing, which, like non-removable apparatus, offers such immense advantages in army practice, particularly in the midst of the dangers of crowding and the imminence of epidemics. I should mention also the progressive tendencies of the profession towards conservative surgery, and all the resources of therapeutics substituted now with more perseverance than ever, in operations. Let us not forget the happy results of regulation laws enforcing the inspection of the diverse uses and distribution either of medicine or food, and the carrying out of all the prescriptions of hospital hygiene.

A sufficiently substantial and restorative food even in cases of wounds and after operations has the happiest influence on the recovery of men exhausted by hæmorrhages, suppuration, want of food, and a prolonged confinement to bed. This, with well established ventilation, is one of the two conditions of celebrity of the London hospitals, where the operated are from the first day put under a generous diet: wine, beef tea, and opium in small doses. This treatment, without opium, but with substantial food, gives good results in campaigns and in ambulances, as well as in naval hospitals, against debilitating diseases, and particularly against scurvy. What then necessary is that the supplies should suffer neither delay nor diminution.

The daily tasting of the food by the chief health officers is a sure guarantee of the quality and quantity of the commodities furnished. A special register records their acceptance or rejection.

The exercise of walking, which obliges all the patients not confined to bed to leave their rooms, has a double advantage for both those indoors and out of doors. The lame themselves or paraplegic can take exercise in the open air in small hand-carriages. The Swedish movement cure of Lind would be very useful to our soldiers accustomed to gymnastic exercises.

Moral influences act also beneficially on the sick soldier: such as the pleasure of meeting friends, or of obtaining leave of absence, and the consolations which it is the peculiar duty of chaplains to bestow.

Let us add that the threefold superintendence, medical, administrative, and military; regular conferences on all the requirements of the service; the daily visits of the officers on duty to receive and record in a register the complaints of the sick; similar visits from the health officers; lastly the general yearly inspections, offer as many guaranties for the salubrity of military hospitals.

A ward for convalescents should be attached to every establishment, and would be a means of emptying the sick rooms—a resource useful to the soldiers too poor or too far away from their families to ask for a furlough.

It is by the regular removal of a certain number of patients to other places, that military hospitals can also be preserved from the dangers of crowding. These evacuations should comprise the most able-bodied men and those affected with venereal diseases, able to support the journey.

The leave of absence granted every year to convalescents, the discharges delivered every three months to the sick of the army, complete, with the removals, some of the advantages of hospital hygiene; but all the soldiers cannot take advantage of these furloughs, and the wards set apart in each infirmary for the convalescents are no longer sufficient.

Two military hospitals might be erected for convalescents with marked advantages. There would be a larger number of recoveries, and a diminution in the leaves of absence and the discharges. The sojourn in the hospital would be shortened, and relapses foreseen by this measure, so desirable for the sanitary condition of the army.

◆

Yellow Fever at the West Coast of Africa.—Bonny and New Calabar have been visited with the worst attack of yellow fever known for thirty-six years. Out of 140 whites, 75 have died within a month. Amongst the natives the mortality has been still greater.—*Lancet.*

American Medical Times.

SATURDAY, JULY 19, 1862.

◆

DEATH-RATE IN HOSPITALS.

The mortality statistics of the London and Parisian Hospitals, as furnished by Prof. Lee, from the social science papers, in his communication to this journal last week, teach an impressive lesson. In the eleven principal hospitals of London, with a daily average of three thousand patients, the percentage of mortality ranges from 8·83 to 11·19 *per cent.* The nine largest Parisian hospitals, with a daily population of nearly four thousand, have a mortality ranging from 15·70 *per cent.*, in the Hospital Necker, and 21·64 in the Hôtel Dieu, to the shocking maximum of 35·27 *per cent.* in La Charité.

That this marked difference in rates of mortality is not owing to possible differences in classes of patients is evident from the fact presented in the same tables respecting mortality following amputations, a class of cases necessarily similar and with equally favorable chances of life in both cities. In London hospitals amputations give 25·3 *per cent.* of fatal cases; in Paris, 45·6 *per cent.*

The causes of this difference we may examine hereafter; the statistics are given to illustrate the difference in hospital death-rates where the causes of such disparity are equivalent to the causes of excessive mortality in hospitals generally. The steady diminution of the rate of mortality in the same hospitals under sanitary works of improvement would at once furnish the climatic argument in favor of such works of reform, and indicate the relations which they sustain to curative and preventive medicine. This was forcibly illustrated in the British military hospitals on the Bosphorus, from February to July, 1855. We copy from Miss Nightingale's evidence before the Royal Commission:—

Statistics of the Hospitals on the Bosphorus for six periods of twenty-one days each, commencing February 24th and ending June 30th, 1855.

Time.		Sick Population.	Cases treated.	Deaths.	Mortality.	
					Annual rate per cent. per annum in sick population.	Percentage on cases treated.
1855.						
Feb. 25.....	And the twenty following days.	3.779	1.621	510	235	31.5
March 18...		3.806	1.650	237	125	14.4
April 8.....		2.808	1.190	127	79	10.7
April 29....		2.918	1.350	70	60	5.2
May 20.....		1.504	996	48	56	4.8
June 10....		1.442	1.266	28	34	2.2
126 days. [total]		2.501 [average]	8.070 [total]	1.020 [total]	118 [average]	12.6 [average]

Here we observe the percentage of mortality on cases treated fell steadily, in given periods of twenty-one days, from 31·5—14·4—10·7—5·2—4·8 to 2·2 per cent., while the average residence in hospital fell from forty-nine to twenty-four days for each patient.

The sanitary condition and causes of improvement of those hospitals are thus stated by Miss Nightingale:—

"The sanitary conditions of the hospitals of Scutari were

> inferior in point of crowding, ventilation, drainage, and cleanliness, up to the middle of March, 1855, to any civil hospital, or to the poorest houses in the worst part of the civil population of any large town that I have seen.
>
> "After the sanitary works undertaken at that date were executed, I know no buildings in the world which I could compare with them in these points, the original defect of construction of course excepted."

With such a statement before us we need not inquire for other causes, though the type of prevailing maladies was doubtless somewhat more favorable to recoveries. Concurrent testimony of all observers in those hospitals positively declares that wherever the sewers and drains were cleaned or trapped, disappeared the chronic diarrhœa and dysentery that until then had not only been endemic in the hospitals, but were almost incurably fatal, seventy-eight per cent. being the death-rate. And the same testimony goes to show, also, that in connexion with such sanitary works and the radical improvement of the ventilation and general administration of the wards, typhoidal sequelæ, ophthalmia, and pyæmia at once disappeared, and that all the pulmonary and diathetic complications of the prevalent diseases were reduced to the minimum. These changes were wrought by the herculean efforts of a few humane and enlightened sanitarians, acting by authority of the Government. The rapidity of these surprising changes more than confirmed all that Miss Nightingale and the Hon. Sidney Herbert had claimed could and should be done by immediate measures and works of sanitary reform in the hospitals on the Bosphorus.

In the grand old hospitals of London, whose gloomy edifices transgress all rules of hygiene, and in the very midst of the dense population of that grim and smoky city, improvements in the rate of mortality, and in the increased air-space, ventilation, drainage, and administration, had gone on together until the death-rate was reduced from 1 to 4, to 1 in 10 or 11 even in Guy's and St. Thomas', while in Paris the improved and airy pavilions of Larriboisière are giving a death-rate less than half that of La Charité, and fifty per cent. less than the unventilated Hôtel Dieu. Such simple historical facts, as well as the plainest teachings of sanitary science, certainly warranted the efforts undertaken by the British Commission in reforming the army hospitals of the Bosphorus.

Are all of our readers aware what vulgar means were employed to bring about such life-saving? The vouchers from masons, plumbers, house-carpenters, and sewer-builders, would give the record of like wonderful improvements in Bellevue and Blockley, in which the death-rate has diminished by the most material and natural agencies from 1 in 5 or 6, to 1 in 10 or 15 of patients treated. But the kaleidoscope of incessant changes in these hospitals has obliterated the deep impression which such improvements should have made. However homely it may sound to fastidious ears, these were the agencies that were mainly instrumental in reducing the rate of mortality in the British Army hospitals in the East:

> "The Sanitary Commission took with them such implements and apparatus as they knew would be required in the ventilation and sewerage of hospitals; and among these means were pipe-tubing, drainage-pipe, filters, ten thousand square feet of zinc plates for ventilation, hinges, pulleys, window fixtures, etc. Immediately sanitary works were commenced; first by thorough cleaning, both within and without the hospitals; old sewers were cleaned and flushed, surface filth, refuse, and decaying materials, by thousands of cartloads were removed, and an abundant supply of fresh, pure water, air, and a generous diet were everywhere secured."

Such were the materials shipped at a hurried three-days' notice on the departure of Dr. Sutherland and his two associates in the work of the Commission. How completely in harmony with such preparations are the following records, which we copy from the diary of Mr. Wilson, one of the superintendents of sanitary works there:—

> "*March* 24.—Thirteen men, on an average, employed in cleansing the surface of the ground in the vicinity of the Barrack Hospital and at Kalali, in removing the refuse, burying animals, etc. During the week these collected and removed from the vicinity of the Barrack Hospital two hundred and two handcarts full of filth, rubbish, and offensive matter. Two tons of filth were removed at Kalali. The carcases of fifteen dogs and two horses were buried, and the sewers of the Barrack Hospital were flushed.
>
> "*Week ending April* 21.—The ground around the hospitals was cleansed. The filth and refuse removed amounted to four hundred and seventeen carts full. Water was carried to the flushing tanks, and the sewers and privies at the Barrack Hospital were flushed out twenty-four times. Peat charcoal was applied to the privies every day. A dead horse was buried."

Thus, outdoor and indoor, was the hygiene of those hospitals the subject of severest inquisition and the simplest methods of improvement, until the fatal train of zymotic and typhous maladies disappeared, and the rate of mortality fell below that of the best regulated civil hospitals.

The impressive lessons of such an example must not be lost in the eventful progress of the present great struggle of the American nation. Not less than one-sixth of our vast army is to-day in the hospital. And in the course of the ensuing twelve months the aggregate population of the hospitals will have equalled or exceeded the total numerical strength of the forces enlisted. What will be the percentage of mortality in our Military Hospitals? Experience thus far shows that the rate of mortality in general hospitals in different divisions of the forces ranges widely from three to thirty per cent., and that the causes of this wide range of death rates are readily understood.

The average rate of mortality in civil hospitals of New York and Philadelphia ranges from seven to ten per cent. of the total number of patients. Unquestionably even that moderate rate might be considerably reduced by means of further improvements in the external and internal hygiene of those hospitals, and especially if it were practicable to transfer their location to salubrious rural districts. It is not yet known what has been the average death-rate in the military hospitals; but upon the reliable authority of Mr. E. B. Elliot, the able statist and actuary of the United States Sanitary Commission, we know that about six per cent. of the forces in the grand army perished during the nine months ending March 1st, 1862; and that in the soldiers of the western states, the rate of mortality from all causes was between nine and ten per cent. At the same time we know, upon the same high authority, that the death-rate in the best military hospitals of the Potomac army during the last month fell *below three per cent.* of the cases treated.

From what is known, therefore, the conclusion is fully warranted that in some sections of the Army the death-rate in hospitals is vastly greater than in other sections, and that the causes of such difference are worthy of careful inquiry. At the same time it should be borne in mind that the deaths in military hospitals are usually exceeded by the number of patients who are permanently invalided and discharged; and that the proportion of such persons lost to service bears an important relation to hospital hygiene and the rate of mortality. The following table from PROF. ELLIOT shows the exact per-centage of deaths, invaliding, and loss in action in the entire Army for nine months:—

THE ANNUAL RATES TO 1000 AVERAGE STRENGTH, FOR THE PERIOD OF NINE MONTHS, FROM JUNE 1, 1861, TO MARCH 1, 1862.

	New England and Middle Group of States.	Western Group of States.	Entire Army East and West.
Deaths	32	96	54
Discharges (for causes other than expiration of service, and mainly for disability)	100	101	100
Of Missing in action not subsequently returning	18	6	14

These statistics are certainly more favorable to the strength of the forces than is popularly believed, but they forcibly present the fact, that in the progress of the war, up to the month of March last, there had been 32,400 deaths, and about 60,000 permanent invalids, to 8,400 soldiers lost and missing in actions with the enemy. How much may be effected by improved hygiene and practice in preventing the annihilation of another hundred regiments in nine months, remains to be demonstrated. By all the appliances or means of improved practice and hospital hygiene, let every medical officer strive to keep down the death-rate, and to prevent invaliding in the army, and thus insure the speedy triumph of the national arms, and give back to peaceful homes the thousands of lives thus gloriously saved.

THE WEEK.

THE ingenious tourniquet recently devised by PROF. CHARLES A. LEE and DR. LAMBERT, of Peekskill, N. Y., bids fair not only to become very extensively used in the army, but also to be the means of popularizing the art and habit of self cure after wounds upon the battle-field. This admirable instrument, which was fully described and illustrated in the MEDICAL TIMES, vol. iv., pages 280–281, has already been officially ordered to be furnished to their troops by the States of Connecticut, Maine, and New Hampshire.

We congratulate both the soldiers and the inventors of this improved tourniquet upon the prospective usefulness of the instrument. Many a bleeding limb will have its life-current saved, and without the usual impediment to the general circulation and muscular motion of such limbs wounded soldiers may march from the battle-field with this simple tourniquet self-applied. It is a timely improvement.

NEW YORK never was more honored than when on the 7th inst. her Commissioners of Charity threw open the best wards of Bellevue to the hundreds of disabled soldiers arriving in the Hospital transports of the Sanitary Commission. In the brief period of an hour and a quarter the three hundred and sixty sick and wounded inmates of the "S. R. Spaulding" were transferred from ship to hospital, inspected by the surgeons, and made welcome to the best fare and nursing the city can furnish. The desirableness of hospitals located immediately by the waterside for our returning military patients, could nowhere be more happily illustrated. The Commissioners, on behalf of the city, offer to provide thus for three thousand disabled soldiers.

THE sudden death of DR. J. O. MCWILLIAM, F.R.S., R.N., is noticed in the London Journals. Deeply will his decease be regretted, for he was an earnest, thoughtful, and noble-minded physician.

In his heroic conduct as surgeon of the famous "Niger expedition" his intelligence and fortitude were conspicuous. Returning to England, he was detailed as a special Commissioner to proceed to Boa Vista and the Cape de Verde Islands, to search out the evidence respecting the introduction and spread of Yellow Fever there, by the steamer "Eclair." His searching and faithful report on that subject is full of interest. Continuing his service in the navy, we soon find him successfully striving to elevate the official status and improve the condition of the Naval Surgeon. Finally receiving the appointment of Surgeon to the Customs upon the Thames, a sanitary position of responsibility and honor, he became Secretary of the Epidemiological Society, to whose interests he devoted much attention. As sanitary officer of the Customs on the Thames his labors were important, and his observations valuable. His last contribution, a posthumous paper, read before the Social Science Association, on the High Mortality of the Mercantile Marine, was deemed of such practical importance, that on motion of a noble Lord it was ordered to be brought under the notice of the Government. DR. MCWILLIAM took a lively interest in our national affairs, and recently, in a private letter to a friend in this city, he urged the observance of an *entente cordiale* between the medical profession North and South.

Reviews.

MALIGNANT PUSTULE IN THE UNITED STATES. By A. N. BELL, M.D., Physician to Brooklyn City Hospital, etc., etc. [*Republished from Transactions of N. Y. State Medical Society.*] Albany: C. Van Benthuysen. 1862.

DR. BELL'S Essay is worthy the attention of our readers. It is one of the most practical papers that has yet appeared upon the subject of which it treats. His thesis is, that "malignant pustule is a specific disease, essentially septic and gangrenous, confined in its beginning to the cutaneous tissue, and generally to those parts of the surface that are habitually uncovered, and caused by animal poison."

Though we conceive that the last proposition of this definition or thesis yet remains undemonstrated, we cannot deny that the evidences are cumulative and harmonious in favor of the theory of an exclusively septic animal infection as the source of this malady in the human race. The author presents the natural history and the pathological phenomena of the malady in a very clear and truthful light, and, with tolerable success, endeavors to prove that the occurrence of this disease in man is always coincident with the prevalence of an epizootic.

The following is an abstract of Dr. Bell's description of the symptoms and phenomena of the pustule:—

"It first appears in the form of a painful swelling, which after a lapse of time varying from one to three days, rarely more, developes upon its central part, a small reddish or purple spot, accompanied with itching. In the course of twelve or fifteen hours more this spot changes into a bleb or vesicle, not usually larger than the head of a pin, containing a reddish brown or a yellowish fluid. Owing to the continued itching, the vesicle is ordinarily ruptured soon after its appearance; if otherwise, it dries up in about thirty-six hours, leaving the exposed derma dry, and generally of a livid color. Itching now ceases; and after a time varying from a few hours to a day, the centre of this discolored and denuded surface begins to grow hard, and becomes surrounded by an inflamed areola covered with numerous small vesicles similar to the vesicle which first appeared. The middle of this areola is depressed, and the color varies from yellow to black. It is now hard in the centre, and more painful than at any other stage. It is, however, a remarkable feature of malignant pustule that severe pain is generally absent; and this character, so different from all other acute inflammations of the skin, is a valuable negative diagnostic of the disease. During the next twenty-four or forty-eight hours the subcutaneous tissue becomes involved; the tumor strikes deeper and rapidly extends, yet it is so indurated as to be easily circumscribed, and its confines determined without difficulty. Meanwhile the central point, now of brown or livid hue, exceedingly hard and intensible, becomes gangrenous. If the disease ceases to make further progress, an inflamed circle of vivid redness now surrounds the gangrenous portion; the tumefaction which had before rapidly extended diminishes, and the patient experiences something like an agreeable warmth accompanied by a pulsatory motion of the affected part. The pulse which had before grown irritable and feeble revives, strength increases; and if there has been some degree of fever, accompanied with nausea, as occasionally happens, it is resolved into a gentle perspiration, and the nausea ceases. Suppuration now sets in between the living and the dead parts of the pustule, and the detachment of the gangrenous portion leaves a suppurating surface of variable extent in different cases. Should the disease on the contrary tend to an unfavorable issue, generally no suppuration takes place; the gangrene spreads rapidly from the centre to the circumference of the tumor; the pulse becomes smaller and more contracted; the patient complains of extreme lassitude with an inability to sleep, is attacked with fainting fits, and becomes passive as to the result: there is disinclination to take food or medicine, or to have anything done, and there is a total loss of appetite; the tongue is dry and brown; the features shrink; the skin is parched; the eyes are glassy; cardialgia and low delirium promonish the fatal termination. * * * *

"Another variety of malignant pustule which commonly attacks the hands or arms, is of less regular character, in some cases presenting an appearance and running a course very similar to circumscribed phlegmon, while in others it is exceedingly violent and fatal in a few hours; and in other cases still, it runs on for several weeks, and finally proves fatal rather from the effects of the disorder than from the disease itself. In the majority of these cases there is intense local pain in the affected part from the commencement, with enormous swelling, and more or less redness. A small vesicle or pustule forms in the centre, and proceeds to take on a gangrenous character. Sometimes it becomes circumscribed, and limits its action to the skin; but at other times numerous phlyctenæ cover the surface, and the destructive inflammation burrows into the cellular tissue which envelopes the muscles, completely surrounding and disintegrating these organs, which sometimes become soft, black, and gangrenous; the blood-vessels and nerves also become involved, and, as a necessary consequence, the death of the part ensues. It is in this second variety of malignant pustule that arise the chief difficulties of a correct *diagnosis*.

"Of all the diseases that man is heir to there is none in which an early diagnosis is more important than in malignant pustule. It is indeed of such moment that the lapse of a few hours or a day may entail the most deplorable consequences. At its first appearance it might be mistaken for the hard, inflamed, and painful swelling sometimes produced by the *bite of certain insects*—hence it has been called *puce maligne*, or malignant flea bite. These bites, however, may always be recognized by the presence of a minute yellowish-colored point in the centre."

Both from the semeiology and the pathological changes that characterize this singular and dangerous disease, it is manifestly allied to the *virus* maladies, if it is not one of the most striking and specific of that class. Certain it is that we do not yet know the precise nature and origin of the specific virus itself, and hence the etiology of the disease remains among the vexed questions of medicine.

Dr. Bell seems to believe that the virus is usually—probably always—conveyed and applied as contagious matter or fomites; and, needlessly, as we think, he would make the alighting of a fly upon the fated nose or lip of the victim, answer for the transportation of the hypothetical poison from 'stump-tail' sores of swill-milk stables or other original sources of the purulent poison, the ready and unsuspected medium for communicating the malady from beasts to man.

The initial origin of virus diseases, and the doubtful question of spontaneity in their development in man, as some claim even for small-pox, will necessarily be mooted until our means of chemical and histological analysis are vastly improved and extended. But our readers will be pleased to see how readily Dr. Bell finds sufficient and never-failing sources for the virus of the *pustule maligne*. He says:—

"In conclusion, it cannot have failed the attentive observer, that malignant pustule in the United States has been concurrent with epizootic disease; and, that so far as the prevalence of epizootic disease is concerned as a necessity for the existence of malignant pustule, both epidemically and sporadically, the conditions seem to be no less applicable to the United States than to France. With *murrain*, it has several times prevailed; and recently in various parts of the northern portion of the United States there appears to be reason sufficient to attribute it to the prevalence of *pleuro-pneumonia* among cattle, which, in some cases at least, according to the evidence before the legislative committee of Massachusetts, resulted in *gangrene of the lungs*—a disease, which, according to M. Dupuy, (*loc. cit.*) was observed to cause malignant pustule in man as long ago as 1827. For the occurrence of malignant pustule in New York and Brooklyn, I ascribe it to the most universally attributable of all causes, malignant carbuncle. For the evidence of the existence of this disease, I only need refer to any of the various reports of sanitary committees for several years past; or, if incredulous in regard to these reports, to the *swill-milk* stables in our midst, which are a disgrace to any civilized community."

The history and intimate pathology of morbid poisons, or *virus* diseases, as they have been denominated by a thoughtful writer, invite fresh observations and the closest study: for the present let all theories be as temporary scaffolding. We believe it will yet be found that the same poison or virus may be originated under various conditions.

Correspondence.

SARRACENIA PURPUREA IN SMALL-POX.

[To the Editor of the American Medical Times.]

Sir:—At a meeting of the Medical Society of Nova Scotia, held at Halifax, on the 3d June, 1862, after reading a communication from Dr. Morris in the American Medical Times upon the "Sarracenia purpurea," it was

Resolved, That the Secretary be directed to communicate to that journal, that after investigating fully the cases upon which Dr. Morris based his opinion in favor of the so-called Indian Remedy for Small-pox, the following Resolution was passed by this Society, at the regular monthly meeting held May 6th, 1861.

Resolved, That this meeting, having listened attentively to the explanations of Dr. Morris, respecting the Indian Remedy for Small-pox (so called), is of the opinion that Dr. Morris has not had any reliable data upon which to ground any opinion in favor of its value as a remedial agent.

I am, sir, your obedient servant,
Chas. J. Gossip, M.D., *Secretary*,
Med. Soc. of Nova Scotia.

Halifax, N. S., June 17, 1862.

Army Medical Intelligence.

HEALTH AND HOSPITALS IN MISSISSIPPI.

[Army Correspondence of the American Medical Times.]

Sir :—In my last letter to you I was in the field acting as Medical Director to the Left Wing of General Pope's command. Since then, I have been acting as Medical Inspector, and have spent most of my time travelling from one hospital to another, closing them up as rapidly as possible, and sending all those patients who would not be fit for duty in four weeks to northern hospitals.

All hospitals established in this section of country, since the battle of Shiloh, are in tents; and as the army advanced from the Tennessee river towards Corinth, division and general hospitals were established in the rear, as necessity required. All these hospitals have been closed, with one exception; that is six miles from here, on the Hamburgh road, and efforts are now being made to close that also. It now has twelve hundred patients, of whom six hundred will probably be sent north, and the balance soon join their regiments. These patients have all been sent away on hospital boats, fitted up expressly for the business, provided with every convenience one can have in a well regulated hospital. As soon as the patients arrive on the boat they are stripped, washed, and clean clothes put on, and generally go to sleep, and make a business of it for twenty-four hours. These boats carry from two to six hundred, and they distribute the sick up the Mississippi river as far up as Davenport, Iowa, and will probably go still higher up that river as the summer advances; also to Cincinnati, and all intermediate points on the Ohio. The class of diseases most prevalent is diarrhœa, remitting fever assuming a typhoid character, perhaps some typhoid fever, typhoid pneumonia, rheumatism, and scurvy. When one sees the number sent away, they might be a little surprised at first and think the whole army a hospital, until made acquainted with the facts and circumstances.

From the very formation of the Army of the West, it became a fighting army; and for the first few months it was very poorly provided with anything, still the men were marched thousands of miles in the heats of summer and colds of winter, half-clothed, without tents, fighting often, guarding bridges and railroads, over malarious streams, and watching constantly. The winter campaign was pursued with as much vigor as the summer, and the weeks of constant exposure to wet, cold, and heat, at the battles of Fort Henry, Donalson, Pea Ridge, New Madrid, No. 10, Pittsburgh Landing or Shiloh, and the protracted approach to this place in consequence of wet weather, and the constant exposure, watching, anxiety, etc., have broken down many men, who will either have to be discharged or sent home to recuperate. The diarrhœa is very debilitating in its effects, but as a disease is not very active, and death seems to follow from protracted exhaustion, and generally not under three weeks. But the most singular of all diseases is a species of land scurvy that is very insidious in its effects, and I think many men are suffering from it, who are being treated for many other diseases. General debility appears to be an important cause of this malady; the men complain they are daily becoming weaker, great muscular weakness, sometimes soreness with red spots, ecchymotic and swollen feet and legs, rheumatic pains, affecting bones, muscles, or any and every portion of the body. Some have pale, waxy, puffy, and anæmic swelling about the face; a few show ulcerated gums and mucous membrane, but they are comparatively few, appetite capricious and bowels irregular, but generally have diarrhœa.

Many of these men show no symptoms by mouth or countenance, and the indications of health are so striking that their names have been stricken from the surgeon's list and put to light duty, and die in an hour. Others comlaining of debility walk to the spring, fall down and die. This condition is very deceptive, and so far as I know, or have seen myself, there are no symptoms to indicate the extent of danger. The man complains of lassitude and debility, is walking about, and finally dies very suddenly, or is found dead under a tree, where he has lain down to rest, or in using the chamber dies from the effort. No opportunity has presented itself to me to make a 'post-mortem' of these cases, but from their frequency I am satisfied it can't be from diseases of the heart; and what disease, but scurvy, would allow a man to keep about, and finally cut him off so suddenly?

The Medical Director's office was moved from Pittsburgh Landing to this place, one week ago; but I hope it may not be kept here long, as I conceive the location very unhealthy from excessive heat, scarcity of water, and a great amount of animal decomposition. This whole region has been one vast camping ground for three hundred thousand men for weeks and months, and the mortality among men and animals, with camp garbage, renders the atmosphere anything but the purest and most healthy.

We labor at present under great difficulty in not being able to supply the sick with butter, eggs, milk, chickens, etc. They are not in the country to be purchased at any price; the railroad communication is not fully established, so as to procure these articles north, and ship down. I fear our sick list will not diminish, as it seems to be the policy of our generals to keep the army on the move; and long forced marches at this season of the year are not very conducive to health in this climate. The army of the West ought to rest for the summer and recuperate, and by October would be ready to complete what "*General Summer*" has not done for our enemies. Respectfully yours,

Charles H. Rawson,

Brig-Surg. and Acting Medical Inspector.

Corinth, Miss., *June* 21, 1862.

Medical News.

Health of Liverpool.—The Returns of the Registrar-General for the year 1861 showed a somewhat less favourable state of the public health throughout England than in 1860, and Liverpool contributed its full share to the increased mortality. The death-rate of the borough during the two preceding years was—according to the Medical Officer of Health—unprecedentedly low, and, as is frequently the case after a long period of great healthiness, it underwent an augmentation during the last year. Nevertheless, it did not rise above the average of the previous five years, and was much beneath the average of the years preceding 1856. The deaths registered during the fifty-two weeks were 12,933, being 1697 more than in the previous year, and about 600 less than the average of the preceding ten years, corrected for increase of population. In the parish the deaths were 8680, and in the out-towns 4253; giving for the former a death-rate of 31·9, for the latter of 24·3, and for the borough of 28·8 per 1000. This mortality is about equal to the average of the preceding five years; but as compared with the mean of the ten years, 1851-1860, there will be found a saving of about 600 lives, and as compared with that of the ten years preceding the Sanitary Act, the Returns show that, high as the mortality was, not less than 1650 lives were saved last year in Liverpool. —*Lancet.*

We understand that Miss Garret's application to be admitted to examination by the Edinburgh College of Physicians has been rejected by a majority of two. At the London University, where this lady made similar application, she was more fortunate; for on that occasion the voting authority was equally divided on the case, and decided against her by the chairman.—*British Medical Journal.*

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 7th day of June to the 14th day of July, 1862.

Deaths.—Men, 107; women, 85; boys, 198; girls, 168—total, 558. Adults, 192; children, 861; males, 300; females, 258; colored, 2. Infants under two years of age, 265. Children reported of native parents, 80; foreign, 284.

Among the causes of death we notice:—Apoplexy, 8; infantile convulsions, 49; croup, 5; diphtheria, 18; scarlet fever, 28; typhus and typhoid fevers, 19; consumption, 65; small-pox, 2; measles, 4; dropsy of head, 22; infantile marasmus, 89; cholera infantum, 74; inflammation of brain, 10; of bowels, 18; of lungs, 15; bronchitis, 5; congestion of brain, 17; of lungs, 4; erysipelas, 8; diarrhœa and dysentery, 19. 819 deaths occurred from acute disease, and 46 from violent causes. 417 were native, and 141 foreign; of whom 84 came from Ireland; 58 died in the City Charities; of whom 12 were in the Bellevue Hospital, and 6 died in the Emigrant Institution.

Abstract of the Atmospherical Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

July 1862	Barometer.		Temperature.			Difference of dry and wet bulb. Thrm.		Wind.	Mean amount of cloud.	Humidity Sat'tion, 1000
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	In.	In.	°	°	°	°	°			
6th.	29 97	.20	87	80	95	9	11	S. W.	4	545
7th.	29.90	.10	88	76	91	10	15	S. W.	4	560
8th.	29.70	.20	82	74	90	11	16	S. W.	8	470
9th.	29 86	.20	85	80	90	18	19	S. W.	4	410
10th.	29.90	.10	75	70	80	10	15	S. W.	9	555
11th.	80.07	.20	67	59	75	11	15	N. W.	0	440
12th.	29.85	.18	71	59	82	10	15	W. to S W.	8	540

REMARKS.—6th, Variable sunrise, very sultry day, cloudy P.M. 7th Cloudy P.M. with very light rain and lightning. 8th, Cloudy A.M., with very light rain. 9th, Variable sky; fresh wind P.M., with very light rain at one. 10th, Day cloudy, light rain at 8 A.M., lurid moon. 11th, Fine day, with fresh wind. 12th, Cloudy P.M., lurid moon.

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to L. I. College Hospital, Brooklyn, removed to St. Paul, Minn.

References.—C. L. Mitchell, M.D., T. L. Mason, M.D., Prof. E. N. Chapman, M.D., of Brooklyn; Prof. Austin Flint, M.D., Prof. B. F. Barker M.D., of New York.

To the Medical Profession.—Dr. I.

Parigot has changed his residence and is prepared to receive a very limited number of patients in his country house at Hastings, on the Hudson; he can be consulted in town at Dr. Douglas' Office, No. 12 Clinton Place, on Tuesdays and Saturdays, for Nervous Diseases and Medico-Legal questions.

American Journal of Ophthalmology

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Psychological Inquiries. The Second

Part; Being a Series of Essays intended to Illustrate Some Points in the Physical and Moral History of Man. By Sir Benjamin C. Brodie, M.D. 12mo. London, 1862. $1.60.

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Stages. By Edwards Smith, M.D. 8vo. London, 1862. $3.25.

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On Uterine and Ovarian Inflammation;

and on the Physiology and Diseases of Menstruation. By E. J. Tilt, M.D. Third edition, with Colored Plates. 8vo. London, 1862. $3.75.

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On the Various Contrivances by

which British and Foreign Orchids are fertilized by Insects, and on the good effects of Intercrossing. By Charles Darwin, M.A., F.R.S., etc. 8vo. London, 1862. $2.80.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

An Inquiry into the Medicinal Value

of the Excreta of Reptiles in Phthisis and some other Diseases, by J. Hastings, M.D. London, 1862. $1.60.

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The Pathology and Treatment of

Phlegmasia Dolens, as Deduced from Clinical and Physiological Researches. By F. W. Mackenzie, M.D. 8vo. London, 1862. $1.87.

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On Urine, Urinary Deposits, and

CALCULI: Their Microscopical and Chemical Examination, including the Chemical and Microscopical Apparatus required, and Tables for the Practical Examination of the Urine in Health and Disease; by Lionel S. Beale, M.D. Illustrated with numerous original Wood Engravings. Post 8vo. London, 1861. Price $2.60.

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Traite Pratique de Medecine Legale,

Rédigé d'après des Observations Personnelles, par J. L. Casper. Traduit de l'Allemand, par G. G. Baillière. 2 vols. and Atlas of Colored Plates. Paris, 1862. $8.25.

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FOR NERVOUS AFFECTIONS.

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Original Lectures.

COURSE OF LECTURES
ON
DENTITION AND ITS DERANGEMENTS.

DELIVERED AT THE
NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL
IN THE PRELIMINARY COURSE.
Session 1860–61.

By A. JACOBI, M.D.,
PROF. OF INFANTILE PATHOLOGY AND THERAPEUTICS.

Lecture X.—Part III.

Dental Fever.—Fever Theories, and their Bearing upon Dental Fever.—Severe Fevers never Dental.

There are, gentlemen, two systems of the infantile organism, of which I have not yet spoken to you in regard to their connexion with dentition. These are the circulatory and the nervous systems. They are subject to a large number of aberrations of their functions during the time when teeth make their appearance. As, however, the morbid symptoms observed in the nervous system, particularly convulsions and paralysis, require a thorough and explicit investigation of their own, I now, at the conclusion of this lecture, shall be satisfied with making a few remarks on an anomaly of the circulatory system, very common at the period of life and development which forms the subject of these lectures. I speak of fever, which in the period of dentition, as in other ages, is characterized by ill feeling, chills, thirst, dryness of skin, frequent action of the heart, and increased temperature.

Some of the prominent symptoms by which we diagnosticate fever, belong directly to and depend upon the circulatory system. Therefore, I prefer speaking of it as a separate subject, although the proper place would have been among the affections connected with anomalies of the nervous system. For, whatever causes may be brought forward as giving rise to fevers of any sort, it is true that to obtain a real explanation of its nature in general, and the fever of dentition in particular, we have to look for the nervous system to give it. The first reason for this assertion is the fact that every one of the fever theories of our pathologists falls back on the nervous system; and the second, that there is scarcely any possibility of explaining the fever of dentition, which is said to be such a very common occurrence, except by taking in regard some affection of the dental ramifications of the fifth pair.

How can any affection of the dental nerves result in fever?

A few remarks on the nature and causes of fever in general will explain to you the modus of this process.

There are two principal symptoms constituting the essential features of fever, viz. increased temperature, and increased loss of substance; both prove the acceleration of the transformation of substance. The increase of temperature is particularly worthy of notice; for the utmost physical exertion, under physiological circumstances, will scarcely ever augment the temperature of the body by more than a single degree. Nor is always a dissolution of the blood, a poisoning of the blood as it were, necessary to explain the height of temperature, for there are a large number of fevers in infants and children, of very short duration, and without any serious consequences, and nevertheless attended with an increase by four or five degrees, which by no means depend on poisoning of the blood, nor on important inflammatory processes. These latter especially, with all the increased combustion during their course, show more fever, and higher temperature, before their complete development, than while the inflammation as such has been diagnosticated. The first assault of an inflammatory disease is generally the period of the highest fever and temperature.

Which, now, is the cause why, under all circumstances, combustion is kept down on a certain average, and chemical decomposition of the tissue into more simple combinations does not take place? And which again are the causes of such disturbance as constitute the nature of fever, with its increased combustion and disorganization?

Physiological researches have shown that the order and regularity of the functions of many systems depend on the normal action of certain portions of the nervous system. Cut the pneumogastric nerve, and the action of the heart is accelerated until paralysis takes place; the splanchnic nerve commands in a similar manner the abdominal viscera, the sympathetic nerve the action of the salivary glands; the cerebellum dominates voluntary motions, and disturbances in its composition or function render them irregular; consciousness and thinking are rendered flighty, irregular, impossible, by more or less severe interference with the substance of the large hemispheres. Now, in a similar manner as the action of the heart, the salivary glands, the abdominal viscera have a regulating power in the normal action of certain nerves, the normal transformation of matter and combustion are thought to depend on a nervous centre, which when interfered with, and losing its regulating power, or paralysed, will give rise to the symptoms of fever. Such at least is the theory of Traube, Virchow, and Bernard, that all the vehement symptoms of fevers are the result of nervous paralysis, the only active condition (that is, irritation) being shown in the chill, the reaction, however, being the result of weakness or exhaustion of the vasomotory nerves of the whole surface of the body. By this theory we obtain an explanation of the rapid rise and disappearance of fever, and its liability to unexpected and rapid returns; further, of the considerable increase of temperature shortly before (even after) death in many diseases; and, although the rhythmical and cyclical nature of fever in general is not fully explained by it, we reach some clue to our explanation in the rhythmical and cyclical nature of many physiological and pathological processes depending on the nervous system, as for instance, sleep, many cases of neuralgia, and epilepsy.

Thus, the nature of fever would consist in the exhaustion or paralysis of the vasomotory nerves. How will this exhaustion be brought on, and in which connexion have we to assume an irritation of the dental nerves of teething children, with such an exhaustion of vasomotory nerves? Scarcely any other condition besides irritation, can be imagined to exist in those nerves, during the increased afflux of blood to the gums and jaws, and the slight hyperæmia and pressure of the nerve depending thereon. And certainly, we are not disposed to think that the immediate result of irritation of the dental nerves could be reflected to other nerves, directly and immediately, as paralysis. We are more prone to assume that if there is a connexion between the dental and the vasomotory nerves, the irritation of the former will be reflected as irritation in the latter. But then, to produce fever, you need, according to the above stated theory on fever, not irritation, but exhaustion and paralysis. I know you will tell me, that I have stated myself, that the above theory assumes a state of irritation on the first day of fever, the chill—and will perhaps conclude that this initiatory irritation, or active condition of the vasomotory nerves, is followed, as its immediate effect, by exhaustion and paralysis. And thus, there would be no link missing in our argumentation. But there is a strong argument against this explanation. It is this, that there is a vast difference between the principal symptoms of fever in adults, and in infants and children. There is very little, or no chill, in the fever of infants, and while, for instance, cyanosis is a very common occurrence, and vomiting is not an unfrequent symptom in the most trivial fevers of children, those above mentioned principal constituents of fever, chill and reaction, are generally not observed to alternate so regularly in infants as they do in adults. Thus, the stage of irritation of the vasomotory nerves, which would have to be followed by exhaustion, and which would constitute the next and immediate result of reflex action transmitted to the vasomotory nerves from the dental ones, does not exist at all, at least not in the vast majority of infantile fevers of any description.

Now, Professor Schiff, of Switzerland, has lately brought forward, supported by both experiments and observations, a new theory on fever, which appears to greatly facilitate the explanation of our subject. He takes the chill and the heat in fever to be entirely independent from each other. The heat, which has been taken as "reaction" before, he considers as the only constant and indispensable symptom of fever. He has further discovered in the vasomotory nerves, both contracting and dilating fibres. Therefore, where in cutting the vasomotory nerve entire, the dilating fibres are paralysed, there is no congestion; where there is irritation of the dilating fibres there is congestion, even local cyanosis; therefore, not only the chill in fever, but also the stage of heat, formerly called reaction, are active conditions; the chill depending on the action of the contracting, the heat on that of the dilating fibres of the vasomotory nerves. Thus we approach an explanation of the fact, first, why it is possible that chill can be absent, as a rule, from the fever of infants and children, although they participate in all the other symptoms of fever of adults; secondly, that the irritation of the dental nerves may be reflected, as such, to distant nerves, and produce the symptoms of fever, without chill, by active dilatation of certain fibres of the vasomotory nerve. Thus you have another instance, where physiology has to come to the rescue in the solution of difficult pathological questions, and a proof that wherever there is an uncommon degree of hyperæmia of the gums and jaws, and consecutive irritation of the corresponding nerve, the popular belief of fever depending on the development, or rather protrusion, of teeth, is founded on some physiological truth.

But at all events you must never forget that the range of health is wider than is sometimes assumed. Tissue generally, and bloodvessels especially, bear a certain amount of injection without exhibiting any symptoms of feverish reaction, or other diseased function. Thus you would be greatly mistaken if you took the occurrence of fever during the protrusion of a tooth to be a necessary symptom. A physiological process does not include, from necessity, a pathological consequence. Thus you have to be careful in judging of a case of fever in a teething infant. If there is a difficulty in diagnosticating pathological conditions of the infantile organism, it consists in the explanation and localization of fevers. For almost every fever in infantile life will yield a local cause to an attentive observer; even such fevers as are frequently not shown by anomalies in internal organs, in adults, catarrhal fevers for instance, will be attended in children with decided symptoms of catarrhal nature on some one of the mucous membranes, and recognised as such. I always return to my old assertion, that the diagnosis of infantile diseases is by no means more difficult than of those of adult life; but care and attention, and close observation and accurate knowledge are required.

Even if the fever of a teething child is to be taken as dental fever, in a given case, it must be considered as corresponding with the amount of irritation of the dental nerve. If this is abnormous, there is no longer a physiological process, but a disease which must be diagnosticated and attended to. Severe fevers during teething ought never, never to be taken as simple symptomatic fevers, but their cause sought for. You know, however, from a former lecture, that diseases of the gums and jaws are rare occurrences. Thus you will have to look among the whole number of such diseases, as I had the opportunity of describing to you in these lectures, or others hitherto not mentioned, for an explanation of the untoward symptom. Again I say, where there is a high fever do not put it down as dental; mild cases, moreover, will seldom be brought to you for advice; and thus, you will seldom be called upon to make the diagnosis of dental fever. I have made the diagnosis of difficult dentition and dental fever once in the last three years. The infant suffered from a severe fever without apparent either local or constitutional causes; two days after my diagnosis the infant had variola. Since that time I have mostly left the diagnosis of dental fever and difficult dentition to mothers, and have made one of my own.

Original Communications.

REMARKS ON ALBUMINURIA,

MADE BEFORE THE NEW YORK ACADEMY OF MEDICINE.

By A. CLARK, M.D.,

PROF. OF PRACTICE AND PATHOLOGY.

(*Continued from page 32.*)

There is a question which I hope we shall one day be able to decide, viz. whether the transparent or hyaline casts are always indicative of Bright's disease, or whether they may occur and the person voiding them be exempt from the danger of kidney disease. I very much fear that we shall not be able to take a very favorable view of this subject. I am not yet prepared, however, to appreciate their value when no other signs are present. With reference to the other forms, the blood casts alone excepted, I believe they are almost diagnostic; highly granular casts, or fatty casts, I believe, are always indicative of Bright's disease of the kidney, in either the acute or chronic form.

There are conditions in which albuminuria is temporary; still, these conditions we are compelled to call Bright's disease. I refer to the uræmia of scarlet fever, and to that which occurs during and after pregnancy. Here we have Bright's disease without a question, one of the forms often cured, and in this view one of the sunlights that we are allowed to contemplate as shining in upon the subject of treatment.

It is worthy of notice in this connexion, that very often in the beginning of Bright's disease, whatever form the symptoms may assume, if we except the small kidney, the urine is sometimes found *bloody* and sometimes of a *smoky hue*. The smoky urine is equivalent to the bloody urine, for when the matter that has produced the dark color is collected in a sediment, it is found to be blood in a condition not altogether unlike that which is observed from the stomach of persons who with yellow fever have had black vomit. The blood is in some degree disintegrated, a portion is granular matter, and a portion blood corpuscles. The granular matter is of a brown color under the microscope, and I suppose is derived from the hematine of the blood converted into a substance known as hematoidine. It is only under certain circumstances that blood will undergo this change; in yellow fever, effused into the stomach, it meets with some animal substance; it cannot be gastric juice, as it undergoes the same change where that secretion does not exist. This animal substance, whatever it is, converts the coloring matter of blood into this hematoidine—which is generally of a brown color, sometimes black, and in the liver it is sometimes capable of undergoing a very beautiful transformation into eight-sided crystals as beautiful as the ruby. In the urine it does not form into crystals, but often into scales laden with granular matter, and slightly conchoidal in form. Sometimes, when not laden with granular matter, these scales are crescentic. This then is the only difference between bloody and smoky urine, that the blood has met with some extractive matter which has converted its hematine into hematoidine, almost always of the brown granular variety, and the same agent often causes shrivelling and other changes in the appearance of the corpuscles. The significance of smoky urine is the same as that of the bloody urine, so far as the condition of the kidneys is concerned, both implying a congested state.

In some of those whose blood is loaded with urea a *urinous odor* is noticed in the secretions of the skin, especially in those of the armpits. I have heard Dr. Jos. M. Smith say that this odor was very distinct in the person of a distinguished menber of our profession whose lamented death was caused by the disease we are considering. In him, however, it was supposed to arise from abscess in the axilla. It may be that this urinous odor from the surface occurs even when the urine gives no evidence of kidney disease. I have lately seen a child in the practice of Dr. Crane, of this city, in whose urine we could not find either albumen or casts, but whose perspiration was clearly urinous. This child had the complexion and the œdema of Bright's disease, and died after a long scene of convulsions. The urine varied much in its condition, one specimen being pale as water, sp. gr. 1008, another of high color, sp. gr. 1022. A post-mortem examination was not obtained. This odor is often very marked in those who have suppression from acute renal disease. There we have uræmia as we have here, but occurring in a different way. Still we have the peculiar odor in the one, and we should not be surprised to find it in the other.

This ends the catalogue of symptoms that I had noted to remark on. As a catalogue it is not complete, but it embraces all that it seemed to me worth while to occupy the attention of the Academy with. We will now turn to some other branches of the subject.

The age at which this disease occurs is worthy of remark. Independent of its connexion with scarlet fever and diseases of the heart, I think it rather a rare affection in childhood. It is common enough in connexion with these two conditions, but independent of them; occurring as it does in man from causes not readily appreciated, it appears to me to be rather uncommon. It is not very common in advanced life, but belongs rather to the period that may be called the middle age. It occurs pretty early in manhood, many cases are remarked as early as fifteen or sixteen, and it can be traced as far on as sixty or seventy, but the cases diminish rapidly after forty-five or fifty, and comparatively few occur until about twenty. I shall soon give some statistics by which this statement will be illustrated.

Sex.—It appears to occur far more frequently in men than women. In making a comparison between the two, I should say nearly two males for one female, and perhaps this may find an explanation in the causes, so far as we understand them, which are capable of producing the disease.

The relations of this affection are interesting:—We have found it almost everywhere: It is difficult to anticipate a particular case in which it may not occur, as for example, this very day I have found albumen and casts in the urine of a lady who seemed to have no disease but dyspepsia. She remarked it as a matter to which she was quite indifferent, that there was a little swelling of the feet, and I found by pressure with the finger that I was able to make a little indentation. She has been treated for three years past for "liver-complaint" and dyspepsia. I suppose that her liver is sound enough, but her stomach is not. She has that distressing sensation across the epigastrium to which I have already referred—a sensation which cannot be satisfactorily described, a certain feeling of emptiness, and still of aching.

It is to be found, I believe, not very unfrequently associated with chronic diarrhœa. A certain proportion of cases of chronic diarrhœa have terminated with œdematous effusion into the areolar tissue, and the examination of the urine has disclosed evidences of Bright's disease. I do not know but this may be accounted for by the circumstance cited the other evening before the Pathological Society, that where disease affects for a length of time, or very actively for a short time, organs supplied with innervation by the great plexus of the abdominal cavity, though the disease may spend its greatest force upon other extremities of that system, still there seems to be a general sympathy between such parts or organs and the kidneys.

It is only very lately that I have seen a very distressing case of chronic diarrhœa, attended near its close by œdema of the whole body, and this followed by convulsions to the number of twenty-two in sixteen hours. From this condition the lady passed into insensibility, continued to breathe for a period of three days, and then died. The urine in this case was albuminous, but there were no casts in the sediment. On post-mortem examination the kidneys were found to be well advanced in granular degeneration. Such cases, I suppose, will be found much more frequently than we are aware, if we only make the proper search for them.

It is lately also that I have seen a pretty extensive and firm adhesion of the pelvic viscera to the bones of the pelvis. The lady had had peritonitis on two occasions before, and had been cured by the opiate plan of treatment. In this condition she applied to a physician who devotes his attention to uterine dieases, in the hope of being relieved, when it was discovered that Bright's disease existed. The treatment for the uterine disorder was given over, and she returned home, and died two months from that time. It would be unfair in this instance to claim that the affection of the kidneys was secondary to the disorder which preceded it, if the case stood alone; but the instances in which kindred affections have been followed by Bright's disease have been sufficiently numerous to warrant grave inquiry into their relations.

It is very well known that a considerable number of those suffering from consumption have Bright's kidney. Here we are going beyond the range of the solar plexus, but we are not beyond the reach of the ganglionic system. As is very well known, the par vagum establishes a close connexion between the ganglionic system of the lungs, and the abdomen. Many patients who die of phthisis, have œdema of the feet some time before death. It has been our custom in Bellevue to have the urine of such patients examined, and it has surprised me to learn in what a large proportion albumen exists, and in what a proportion casts are also present. Indeed we may pass beyond the spheres of the solar plexus and of the par vagum also, and say that this affection of the kidneys obtrudes itself too frequently in all diseases characterized by exhaustion and debility.

In connexion with the same subject, though not exactly apposite to it, is the occurrence of acute diseases of the kidney of a somewhat analogous character in two of the most formidable affections with which human nature is afflicted, viz. yellow fever and cholera. In the progress of yellow fever, in a considerable number of cases, the urine is suppressed or very scanty, and in almost every instance (this subject has been carefully studied by Blair, of Demarara) albumen is found in the urine when the fluid can be obtained. This albuminous urine, or rather the uræmia accompanying it, seems to be, at a later period, one of the causes of the reaction; precisely the same thing can be said of cholera. There, too, the urine is albuminous, and it continues so during the reaction; and uræmia is, I have no manner of doubt, the chief cause of those cerebral symptoms with which many die. I suppose it has been the fortune of many a physician who has had charge of cholera patients to have heard that the friends charged the death to the immediate effect of the opium used. I believe that in the majority of instances it is not the opium, but the urea, that drowns out the energies of the brain. Here we see, I think, the sympathetic relations of the ganglionic systems. In both these diseases the intestines are very much involved in diseased action. In yellow fever the intestines produce the black exudation as well as the stomach, and are in the same manner diseased. Cholera seems to spend its force first upon the primæ viæ, and then the function of the kidneys is perverted.

Relating to diabetes, I have some remarks to make in connexion with this subject that are perhaps new. I have nowhere seen it remarked that diabetes ever terminates by albuminuria and uræmia, and yet in the present year it has been my fortune to meet with two such cases. I cannot say passed into Bright's disease, for the diabetes in either case did not appear. One of these cases has been published with the *Transactions of the N. Y. Pathological Society* in the *American Medical Times.* It occurred in the practice of Dr. Linsly. A child had diabetes for about a year, when, rather suddenly, a change was noticed in her symptoms. She became feverish, restless, uneasy, slept badly, the urine had lost its straw color, and as the mother said, was disposed to bear the bead. We examined the urine, and found it albuminous, though this was not until three weeks after the mother had noticed these changes. She was then seized with a very distressing pain in the side, so that Dr. Linsly suspected pleurisy, but we examined the chest, and did not find it. This pain was excruciating for a time, but it gradually yielded to fomentation and other applications, and then gradually the child became drowsy, and passed away in that condition. A post-mortem examination was allowed by the parents, and we found the kidneys granular.

(*To be Continued.*)

THE PRESENT
STATUS OF PSYCHOLOGICAL MEDICINE.

By I. PARIGOT, M.D.,

LATE COMMISSIONER IN LUNACY AND SUPERINTENDENT OF GHEEL, BELGIUM. PROPRIETOR OF A PRIVATE INSTITUTION AT HASTINGS ON THE HUDSON, NEW YORK.

No. V.—The Wyndham Affair.

This extraordinary trial will, it appears, have a great influence on the status of psychiatry *in England;* we say purposely in England only, because no other European state follows her legal proceedings, the anomalous remnant of other ages, and because here in America though the same principles are unhappily admitted in lawsuits and petitions, transient influences, such as that of the Wyndham affair, will have no effect on our courts.

Very few physicians may have had occasion, or time, to read a trial concerning the sanity or insanity of a sensual, mal-educated, depraved, and degraded imbecile called Wyndham, heir to a large fortune, and the descendant of an illustrious family. The proceedings of the commission *de lunatico inquirendo*, concerning that gentleman, are only to be found here some weeks back, in the *Police Gazette*, under the title of an "*Attempt to get Possession of the Estate of an alleged Lunatic, forming a Laughable and Unique Tale of Aristocratic Life in England;*" and the *Gazette* might well have added, *in every country* where *wealth drives man to immorality.*

William Fred. Wyndham is a young man, about twenty years of age, in a physiological point of view, the miserable offspring of two persons that ought never to have been united, if the slightest attention had been paid to moral and physical dispositions of the parties; but in some families, respecting marriage, one or two questions supersede all others; rank and money make up for any natural defect, or even destroy any antagonism that may exist between the parties to be united. The consequences of our customs on this point are patent, namely, imbecility, idiocy, scrofula, and barrenness. Thus, irrational marriages have annihilated the most renowned families of Europe; no great historical name has actually its representatives, and sometimes the descendants of valorous knights are malformed, scrofulous, dwarfs, or some idiot, to whom his servant in feeding his lordship performs an act of charity! However, this evil is but small when compared with the public and private misfortunes arising from such a state of things, for time will show, and it will be found that public interest requires, that *morality* and *physiology* should be the principal rules for matching people, not only in view of their private happiness, but also to forward the public interest, by preparing the source of a strong, healthy, and moral generation.

We see in the disclosures of this trial, that the mother of Wyndham was a very nervous and excitable person, and that her husband, also quick-tempered and passionate, was fond of the pleasures of the table; besides, that one of the uncles of William had been subject to *delirium tremens*, etc., etc. Now, this young gentleman, after a bad education at home, where his parents allowed him to act *as a servant*, and with very little learning that could have supplied an original mental deficiency, was brought by all sort of excesses to a state of imbecility that closed every moral sense. After an outrageous public conduct, not denied by his counsel, he married a sort of prostitute, being himself contaminated by a venereal disease, and with the help of some swindler, squandered his fortune in such a way, that having been left with about 9,000 pounds income by his father, so many hundreds only will hardly remain for his lifetime. But all these miseries have no interest whatever for us; the scientific questions connected with this scandalous trial only interest the student of psychology, and they originated in this way. The family brought an action against William Frederick Wyndham in order to secure the property, and have him, perhaps, kept as an inmate of some lunatic asylum. As late commissioner in lunacy we have seen enough of these legal cruelties, to understand that the threat, or even the apprehension of a perpetual prison, would naturally create a great excitement among the public and the jury, and that under its emotions and oratorials the real state of the question is often entirely overlooked. The only good argument in the speech of Sir Hugh Cairn, in favor of Wyndham, and against the petitioners, is the following; all the rest of the speech, its arts and eloquence to explain and whitewash *the facts* of the most revolting immorality, which in this case are mere symptoms of imbecility, are sufficient to convince any expert of the real state of mind of W. Wyndham. Now, the argument we approve of is this:—"If the members of the family were sincerely and fairly desirous of taking the opinion of a jury upon the mental state of their relative, there was an easy and simple way of doing it; they would have said: we are of opinion that the state of mind of our relative is such that he cannot be intrusted with the management of himself or his affairs; our medical witnesses say that his sanity or insanity can be tested by an examination; will you be kind enough to see that those tests are applied to the mind of our relative not for the purpose of showing unsoundness, but for the purpose of fairly ascertaining whether his mind is sound or unsound." Now this course was not adopted by the family, but they brought forward a mass of evidence of the most disagreeable, not to say disgusting character. Now, either during the fifteen or seventeen years of the life of their relative, over which this inquiry extended, they were in the habit of seeing him and observing his despicable course of life, or else they were not, and never saw him. In one case, why decline to support their petition by their evidence in open court? In the other, is it not curious to ascertain that the family neglected to inform themselves about him *until* a time came when they thought the property was in jeopardy?

Relating to medical witnesses, it is easy to understand that from a want and positive deficiency of proper management and fixed rules among them, especially the experts in insanity, Wyndham and his counsel could find some physicians barefaced enough to declare that imbecile a perfectly rational being. In consequence of which the verdict of the jury was that Mr. Wyndham is of *sound mind* and capable of *taking care* of himself and of his affairs. A worse verdict than this morality and civilization could not expect from any jury. The most Honorable Lord Chancellor of England has perhaps felt hurt after such a curious decision, and his anger has fallen on the medical profession; at all events, he might certainly have been astonished at the great discrepancy of the medical evidence during an inquest which lasted thirty-five days, and involved large sums of money. The antagonism of law and medicine is a known fact; his lordship declared that law must henceforth regard insanity as a fact to be proved by ordinary evidence, and not as a disease to be determined by experts! Not satisfied with that, he has introduced a bill concerning lunatics possessing property (which is under his care), by which every alleged lunatic is to appear *first* before the court (consisting exclusively of unprofessional persons), and only thereafter, provided doubt should exist in their minds, be examined by medical men. It is really remarkable that the same spirit of darkness that inspired these resolutions is the same we declared in a memoir read before the Academy of Medicine of New York last year, in which paper on moral insanity, pages 6 and 7, I proclaimed the pretensions of some courts that there should exist a *legal insanity* to be determined as such, without or against the opinions of physicians!

We leave the responsibility of such propositions to rest on the shoulders of the learned Chancellor of England, only remarking that he wishes for an impossibility. During the last sixty years psychology has made such progress, that his lordship's proposal is absolutely contrary to good sense and the simplest observation. Experts, at least honorable experts, will remain the unique judges in all medico-legal questions concerning insanity, for this simple reason, that nobody can better know insanity in its various forms than physicians who are constantly with them, and that none but physicians are able to distinguish mental and corporeal troubles and diseases. But we are ready to admit the necessity of some regulations concerning experts; we declare it is a shame to see experts contradicting each other pompously before the courts; experts ought only to be designated by courts, and not called by the contending parties, whose views they are paid to support. Experts should be ordered to investigate thoroughly the case, and make jointly a written report, state their doubts, if any, and answer in the box all questions the counsel may put to them. Doctor Coventry, of Utica, in an excellent paper on the jurisprudence of insanity, says that "the present system of permitting both parties to summon as many witnesses, and whom they please, is not only oppressive to the witnesses, but wastes the time of the court, prolongs the trial, and serves no useful purpose; it is not unfrequent that the ingenuity of the counsel on the respective sides is more engaged in picking flaws in the testimony of the adversaries' witnesses than in elucidating the truth and justice of the case; the jury, instead of being enlightened, is only confused by the conflicting testimony of the witnesses."

What a poor logician is the actual Lord Chancellor of England! Because some medical gentlemen have been prevailed upon to maintain false doctrines, therefore all medical testimony must be done away with, even that opinion which shall be the expression of truth! We cannot believe that such proposition will be accepted by Parliament, and even by the other members of the English government. Really we fear that the name of *mad-doctors*, so terribly applied to physicians, might be returned to the learned lord of the woolsack, and changed into *mad-chancellor*.

Examining now the facts clearly proved in the Wyndham trial, and comparing them with those mentioned in the best writers, we see that simpletons, imbeciles, and idiots are not confined to the disgraceful beings we find in asylums; sometimes their countenance and figure are predisposing in their favor; some females may even be said to be pretty, at least during a certain period; sometimes also they mix in society, and only the eye of the practical physician is able to detect them; do we not see some idiots endowed with eminent faculties and able to conceal their propensities and low morals? Authors on mental pathology abound with facts relating to the natural dispositions of idiots and imbeciles; the history of Wyndham is written twenty times over in their records; and the means of ascertaining, and certifying such cases are known—*physiological* and *moral symptoms* are to be described; and we cannot understand that simple conversations, even during many hours employed in giving some bad excuse or ridiculous explanation of disgusting acts, can permit any scrupulous physician to certify the sanity of an alleged imbecile. In similar cases we had occasion (in some affidavits now before the Chancellor of England), to describe the pathognomic signs of imbecility, though the subject was, as much as I can remember, much less immoral than Wyndham's. Besides, Dr. Trélat in his last publication, *La Folie Lucide*, describes a quantity of cases of imbeciles, at the same time satyrs, nymphomaniacs, squanderers, and dissolute, who had been the shame and disgrace of their families; that eminent physician considers such subjects as unfit for society, and at least to be put under the control and protection of special laws.

THE LESSONS IN THE SURGERY OF THE WAR.

By RUFUS KING BROWNE, M.D.,

BRIGADE SURGEON U. S. ARMY, AND CHIEF MEDICAL OFFICER AT NORFOLK, VA.

About five hundred of those wounded at the battle of "Fair Oaks," who reached Fortress Monroe on transports, were examined by me, and I propose to mention some of the incidents during my attendance on them while at the Naval Hospital, which particularly engaged my attention. A large proportion of these, I think a majority, were wounds in the lower part of the body, showing that their enemies had practised the lesson "fire low." The wounds of a considerable proportion, which had lain some hours upon the field, had become a *nisus* for the larvæ of flies, and were occupied by myriads of these at various stages of development, and this was the same where the raw surface was of any greater extent than that pertaining to orifice of entrance or exit, whether it had been made by a missile or by the surgeon's knife in amputation. Nearly all the amputated cases were at the thigh, and were primary operations which had been very creditably done. Of the five —four of which were primary—which I particularly noted and cared for, three did well and are still doing so. One of the other two had secondary hæmorrhage, when the femoral was ligated on the eleventh day (so near as I could ascertain) after the amputation, and died the fourteenth day; the other, amputated by myself on the ninth day after the receipt of the wound (a compound and a comminuted fracture of the femur, extending to the knee-joint), died on the sixth subsequent day, without the supervention of secondary hæmorrhage. I had hoped better, though he was of poorly nourished body and comparatively infirm constitution. Of the three which are doing well, one had secondary hæmorrhage which required ligation of the femoral.

There was one case of amputation of the leg, which confirmed me in my previous view, that where the comminution of the bones of the leg forbids the attempt to save, and requires amputation above the lower third, it had better, as a rule, be done at the knee-joint, and include a thin slice of the femur. In this case, the operation (primary) had been done just below the line of the upper and middle thirds. The thin layer of soft tissue corresponding to the anterior flap, had retracted so far as to bring its apex very nearly into a line with its original base, leaving the end of the protruding bone six or eight lines beyond it. In this case, when it became apparent that the bone must be shortened and covered by the formation of a new flap, I proposed re-amputation at the knee-joint, but by the advice of the surgeon in charge, I operated about two and a half inches above the first. The tissues were found to be morbidly vascular, and though the cut surfaces were not brought together until two hours after, when all oozing had ceased, on the fifth day ligation of the femoral was performed, and on the fourth subsequent day the patient died. All these cases were flap operations, as were those I did myself, and all but the latter were infected with maggots. I found no means of removing these except a move at a time by the forceps. Various solutions were tried for the purpose—dilute sol. nitric acid, etc., but were all wholly ineffectual. It occurred to me that quassia, the only bitter tonic which destroys the fly, might destroy the larvæ or disperse them when developed, but I could not obtain this article. Remarkably great in all these amputated cases was the amount of suppuration. In one the drainage of two days amounted to half a pint. This, of course, as compared with injury, which consisted merely of the canal formed by the track of the ball. In these latter it constantly seemed to me that there was a very decided difference in the amount of suppuration, whether the wound ran nearly transversely, or nearly longitudinally to the course of the muscles and aponeuroses—there being most in the latter case. But I noticed but little difference in this respect where the wounds respectively involved comminution of the bone.

In none of these amputated cases had the flaps been kept in apposition by union, though in a large number of cases attended to, including the preceding five, some were progressed in granulation. [I was induced to think that the transportation to a distance from the place of wounding, of amputated cases, or capital cases of the extremities, particularly if such transportation consist in more than one change of conveyance, was not the best surgically. The contrary is undoubtedly the case with sick, or perhaps slightly wounded or injured men. But this opinion is not due to the increased danger during carriage of recurrent hæmorrhage, for this I think unsustained.]

In the dressing of these cases I felt that some simple means should be devised for lifting upwards the under flap, which constantly tends to weigh away from the upper. All that is required in the case has hitherto been thought to be fully accomplished by the supporting roller about the base of the flaps. But this only keeps the cut surfaces closely pressed. But with this, if the under flap be heavy, it will weigh downwards and backwards, together with the upper which is kept fast to it, so far frequently as plainly to show beneath the latter the whole contour of the cut end of the femur. This lifting may be done by passing adhesive straps from a point behind the base of the flaps, and bringing them forward in one strand to hang upon some elevation at the foot of the bed. The stump up to the point at the base of the flaps where the bevelled form commences, rests upon its opposite cushion. These will, moreover, serve to gently raise the stump from the bed at the time of dressing, avoiding handling, one of the most important of all purposes to the surgeon, and by it also the cushion may be adjusted with the most comfortable nicety. ☞ I am inclined to think that it is preferable to make the posterior stump thinner—not shorter—than usual. The great mass usually left in the lower flap, when pressed up to admit the sutures, forms rounded prominences, not favorable to the object of bringing the surfaces in apposition.

Whoever attended to these wounds with a reflective mind, could not fail to be struck with the consideration that the prevention or arrest of suppuration or a reduction to some attainable minimum, was the paramount consummation. It is not the *amount of pus discharged*, which is so contrary to all the physiological conditions of healthy tissue in the patient, for this only indicates the extent of the original morbid irritation which inaugurates the action of the tissues in the suppurative process. This suppuration consists in the enormously rapid multiplication of cells, which immediately and in virtue of the very same conditions which produced them, break down, or as we term it "liquefy."

To reduce or destroy this irritation—to the point where cell multiplication does not exceed normal "granulation"—is the desideratum. *Disinfectants* do not contribute to this end, though they do subserve equally important objects.

The medication in all the preceding cases was done in accordance with my idea of supporting or protecting the *nervous system*—a different thing in my estimation from either supporting or stimulating, i.e. *nourishing* the body. It consisted of quinine and morp. combined, with mild tonics. Where the pain of the cut or lacerated surface was excessive, the latter or pulvis opii was gently scattered upon it with immediate relief. Under the circumstances of such wounds, I am confident that the *assimilation* of however nutritious substances, is nearly or quite precluded by the physiological conditions, and hence nutritious diet is of little avail.

Reports of Hospitals.

MILL CREEK HOSPITAL.

SERVICE OF JOHN W. HUNT, M.D.

[Reported by E. Lester, Med. Cadet, U. S. A. July 8th, 1862.]

Case I.—*Compound Fracture of Humerus.—Gunshot.*—H. Eller, Co. K, 5th N. C., twenty-one years of age, in good health, of temperate habits. While engaged in the battle of Fair Oaks, Sunday, May 31st, received a shot from a musket, the ball entering the anterior and upper third of the arm, and making its exit nearly opposite, fracturing the humerus.

He arrived at the Mill Creek Hospital, Fort Monroe, June 8th. The limb was dressed in pasteboard splints, with lint wet in cold water applied to wounds. June 20th.—Discharge free. Pus healthy. Patient's appetite good. No fragments of bone taken out. July 8th.—Bone united so as to bear its own weight when lifted. External wounds nearly closed. Discharge scanty. Walks about and has for some time. Suffers no pain.

Case II.—*Compound Fracture of Femur.—Gunshot.*—Stephen Bell, of Co. A, 22d N. C., twenty-three years of age, in good health, of temperate habits. While engaged in the battle of Fair Oaks, Saturday, June 1st, 1862, received a shot from a Minié rifle, the ball entering the anterior and upper third of the thigh, and making its exit nearly opposite under the folds of the nates, comminuting the femur. He arrived at Mill Creek Hospital, Fortress Monroe, June 8th, having had no treatment. On examination found three inches shortening. Used the double-inclined plane. June 20th.—Removed the plane and made extension from the foot of the cot, placing sand-bags to keep the foot in position. Discharge dark and unhealthy. Pus sacculating in the glutei muscles. July 8th.—No attempt at union—soft parts red and inflamed. Discharge bloody and dark, very offensive. Limb was now placed in a swing (*Report to be cont.*).

Case III.—*Resection of Elbow.*—S. F. Chandler, of Co. F, Hampton Legion, S. C., aged forty-one, in good health. Occupation, a laborer, when at home. While charging on a battery, at the battle of Fair Oaks, Saturday, May 31st, 1862, received a shot from an Enfield rifle, the ball entering the elbow, external to the olecranon process, fracturing the external condyle of the humerus, and following upwards and inwards around the bone, making its exit about two inches below the clavicle and to its inner third. He arrived at Fort Monroe, June 8th. Lint and cold water dressings applied—the bones were resected. June 10th.—Did not rally well after the operation, appeared stupid—the bones made no attempt at union, became denuded of periosteum. Sloughing very extensive. Beef tea, whiskey, etc., given. Great prostration and delirium set in, he died June 25th, 1862.

Case IV.—*Compound Fracture of Femur.—Gunshot.*—A. S. Kieser, of Co. C., 3d Ala., eighteen years of age, in good health, of temperate habits. While engaged in the battle of Fair Oaks, Sunday, June 1st, 1862, received a shot from a Minié rifle, the ball entering the thigh at its outer and middle third, passing directly inwards and backwards, making its exit about three inches below the fold of the nates. He arrived at Fortress Monroe, June 8th, limb very painful, but could detect nothing wrong. His wounds were dressed with cold water, like any other flesh wounds—three days after he sat up, and while his bed was being made stood up, and when he again lay down he felt a snap, and a drawing up of the limb (he says), and on examination found two and a half inches shortening, a false point of motion, and much pain in moving the limb. Extension was made from the rod at the foot of his cot, and sandbags placed to keep the limb in position. July 14th.—Patient died from exhaustion. Autopsy revealed a comminuted fracture of the femur, with no attempt at union.

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Stated Meeting, May 28, 1862.

DR. T. C. FINNELL, PRESIDENT, IN THE CHAIR.

[The Secretary being absent, Dr. J. K. Merritt was chosen Secretary *pro tem.*]

ENUCLEATION OF SYNOVIAL BURSA.

Dr. Post presented a specimen of synovial bursa exsected from the knee of a woman 62 years old, which had existed about a year. The cyst occupied the region anterior to the patella. It was so adherent to the surrounding parts as to require constantly the cutting edge of the knife to enucleate it. At the very last step of the operation the cyst was unavoidably punctured, and a quantity of dark brownish fluid was exuded. The walls of the cyst were very thick and dense. Dr. Post thinks that extirpation of the entire cyst in such cases is preferable to other modes of treatment in vogue.

NECROSIS OF THE JAW.

Dr. Post next exhibited portions of necrosed bone taken from the upper and lower jaws of a child five to six years of age. These involved the alveolar processes with the teeth. It is supposed that this necrosis has been the result of the excessive use of mercury, which had produced profuse salivation.

FIBRO-PLASTIC TUMOR OF ARM.

Dr. Post then presented a specimen of tumor extirpated from the lower and inner aspects of arm of a young man 20 years of age. This had existed for eight years, and had grown more rapidly of late than formerly. The tumor presented a well defined outline on its inner edge, and extended from the inner condyle upwards about four inches, occupying nearly the entire breadth of the arm. It was exceedingly hard and firm, so much so as to suggest it to be cartilaginous in character. It was movable transversely, but not at all longitudinally.

The operation for extirpation of the tumor proved much more formidable than was anticipated. During the dissection it was found intimately connected with the brachialis anticus muscle. After an extensive dissection of this muscle (a portion of which had to be removed with the tumor), it was also discovered that the tumor involved in its substance the brachial artery and median nerve. It now became absolutely necessary to exsect the involved portions of artery and nerve. This was accordingly done by first ligating the brachial artery immediately above and below the tumor with two ligatures at either point, and dividing the vessel between them. The entire tumor could not be extirpated, and a small portion was necessarily left behind, which involved the origins of the muscles at the internal condyle of the elbow. For the last three years there had been enlarged glands in the axilla of the same side, but these were not disturbed in the operation. Microscopic examination of the tumor by Dr. W. H. Draper, declared it to be of a fibro-plastic character. Dr. Post stated that a similar tumor, located in the thigh of a woman, had occurred some months ago in the N. Y. Hospital, under the care of Dr. Halsted. This tumor was also very firm, and only movable transversely to any extent. The operation for extirpation was also exceedingly difficult and tedious, on account of its intimate relations with the surrounding parts. In this case, also, complete enucleation could not be performed, and a portion of the tumor was left.

ENCEPHALOID CANCER OF INTESTINES, ETC.

Dr. Post presented a fourth specimen of encephaloid cancer of testis and appendages, taken from a man about 40 years old, which had existed six years. There was a large fluctuating swelling in the right scrotum, extending to the groin. The general outline of swelling was ovoid. Near the external inguinal ring a solid round tumor was detected. There could not be discovered translucency in any part of the swelling. An explorative puncture was first made, which gave exit to a reddish-brown turbid liquid, amounting to forty-eight ounces. The testicle was then exposed. It was found to be greatly enlarged, very firm, and of a regular ovoid shape. The epididymis, however, was irregularly enlarged and much elongated. The solid tumor before detached, was discovered involving the cord, and in close proximity to the external inguinal ring, so as to allow of a very limited extent of the cord to be reached. However, it was possible to transfix the cord after the method of Sir A. Cooper, without the external ring, with a needle armed with silk thread to form a loop, by which to prevent retraction during the operation. After dividing the cord and ligating the vessels bleeding, this loop was removed. Microscopic examination of tumors by Dr. Draper disclosed them to be encephaloid cancer, although the substance of the smaller rounded tumor presented to the eye the appearance of a marked resemblance to tubercular deposit, in which incipient softening existed. This appearance was owing to an admixture of adipose cells not present in the tumor of the testis.

GUNSHOT INJURIES.

Dr. Post now proceeded to exhibit several specimens of gunshot injuries from the Military Hospitals of the Chesapeake. First specimen was a number of the fragments of the os femoris, which were removed from the thigh of a soldier, wounded at the battle of Williamsburg, ten days after receipt of injury. The wound was located about the middle of the thigh. The ball had entered the anterior and outer aspect, and made its exit posteriorly directly opposite, encountering in its course the bone, and producing a comminuted fracture. When seen, the wound was in a state of profuse suppuration. The general condition of patient was much prostrated, with almost entire anorexia. The patient was 35 years of age, and lived nine days after the operation. He was mainly supported by brandy and opium. Dr. Post's second specimen was also a number of fragments of bone belonging to the elbow joint, which he exsected from the right elbow of a soldier aged 22 years, also wounded at the battle of Williamsburg. The ball had entered the joint from the outer aspect of the elbow, and had shattered in its course the head of the radius minutely; also the ulna less minutely but more extensively, involving about three inches of its upper extremity. The course of the ball having been inwards and downwards, all the injured portions of the radius and ulna were removed, and likewise the lower end of the os brachii was excised, although not involved in the injury. The patient was doing well at last accounts.

Dr. Post then exhibited a specimen of the fractured trochanter major and caput femoris, taken after death from the hip of a soldier wounded at the battle of Williamsburg, who died eleven days after receipt of injury. The patient was about 40 years old, and when first seen by Dr. Post the hip and limbs were exceedingly painful from the least movement; there was great deformity of the hip with rotation of the limb outwards, and about half an inch shortening. There was also a profuse foul discharge from the wound, which extended from the trochanter major to the cleft of the nates. The patient stated that the same hip had been injured before, which had resulted in a deformity similar to that existing at the time.

Post-mortem examination revealed an extensive disintegration of the soft parts about the hip-joint, and a gangrenous condition of the tissues immediately involved in the course of the wound.

Dr. Sands stated, in reference to the extirpation of synovial bursæ, that he believed it to be a very rare operation. He himself had once succeeded in enucleating a cyst entire, but with very great difficulty, located over the patella, in the knee of a woman. He thinks the difficulty of enucleation arises from the great thickness of the walls of the cyst, and their intimate connexion with the tissues in the vicinity. Dr. Buck remarked that he had successfully removed a synovial bursa from the knee which was situated over the patella. He was impelled to perform this operation on account of the great thickness of the walls of the cyst.

Dr. Hinton also stated that he had successfully enucleated and removed a synovial cyst from the knees of a woman.

Dr. Sands also remarked in reference to the fibroplastic tumor of arm, which presented such a firm unyielding character, that it was owing in his opinion to the close envelopment of the surrounding fascia. He had had a case of encephaloid cancer of the testis, in which the same indurated condition had existed, but on the removal of the tumor it was found to be soft and yielding. This condition of induration had depended on the close development of the tunica albuginea.

Other members subsequently present not having any specimens to exhibit to the society, Dr. Post then presented a seventh specimen. This was a small fragment of the eighth rib taken from a soldier 19 years old, wounded at the battle of Williamsburg. The ball, after passing through the right forearm, had entered the flesh a hand's breadth below and without the nipple, in its course fracturing the eighth rib; it made its exit posteriorly near the spine through the eighth intercostal space. About a week after the receipt of injury there appeared a diffused redness of the skin over the prominence of the sacrum, and another red spot over the posterior prominence of the ilium. *The redness over the sacrum resulted in a bedsore.* A copious discharge of fluid of a bright gamboge color had occurred from the anterior wound in the chest. This continued for about a week, and then suddenly ceased, whereupon a harassing cough supervened with profuse expectoration having the same peculiar color as discharge from the wound. At the suggestion of Dr. Post a water bed was obtained with much difficulty by the friends of the patient. After being placed on this he became much more comfortable, and soon began to improve; this continued up to the 24th ult.

In conclusion, an interesting discussion arose, participated in by Drs. Post, Krackowizer, and Markoe, referring to the condition of the gun-shot wounds in the military hospitals on the Potomac and the Chesapeake; the result of which was, in brief, that there was almost and universally a foul and sloughing state of the wounds.

Dr. Post also remarked that secondary operations had in a very large majority of the cases terminated fatally. He likewise stated that numerous cases of secondary hæmorrhage had occurred in the Chesapeake Hospitals, and related the facts connected with several happening on the tenth to the fourteenth day after the receipt of injury.

Dr. Markoe stated that from his observations in the hospitals on the Potomac, the percentage of secondary hæmorrhage was remarkably large.

The society was then, on motion, adjourned.

A Portable Styptic.—For the preparation of a convenient styptic, it is recommended by the *Moniteur des Sciences Médicales* to soak amadou or German tinder in a solution of perchloride of iron of a density of about 1·255. It should then be dried in the sun, and rubbed between the hands to restore its suppleness and porosity. Small pieces applied to leech bites soon stop their bleeding. They may be held in their places by strips of plaster.—*Lancet.*

American Medical Times.

SATURDAY, JULY 26, 1862.

CONTRACT BETWEEN SURGEON AND PATIENT.

It is not generally known to the surgeon, we believe, that he gives his services under the form of a contract. This contract may be only implied, or it may be expressed in terms. In either case he is responsible for the fulfilment of his part of the contract.

The implied contract grows out of his offering his services to the public as a qualified practitioner of his art; and in all suits for alleged medical malpractice under it, it is uniformly held by courts that the practitioner is bound to bring to his case the ordinary degree of skill of his profession. In the legal phraseology:—"The implied contract of a physician or surgeon is not to cure—to restore a limb to its natural perfectness—but to treat his case with diligence and skill." "His contract, as implied in law, is that—1. He possesses that reasonable degree of learning, skill, and experience, which is ordinarily possessed by others of his profession; 2. That he will use reasonable and ordinary care and diligence in the treatment of the case committed to him; 3. That he will use his best judgment in all cases of doubt as to the best course of treatment." The meaning of the term "ordinary skill," has given rise to much discussion, and too frequently is regarded by lawyers as requiring too high a standard of attainment. An eminent English jurist declares that all surgeons are not required to have the skill and knowledge of Astley Cooper, but only that skill which gives average results. Judge Story says:—"In all these cases, where skill is required, it is to be understood that it means ordinary skill in the business or employment which the bailee undertakes; for he is not presumed to engage for extraordinary skill, which belongs to a few men only in his business or employment, or for extraordinary endowments or acquirements."

But the surgeon may make a special contract with his patient, and then he is held strictly by its terms. If he contract to do what is *absolutely* impossible at the time the contract was made, he is not bound thereby, for a man cannot be compelled to perform an impossibility. He will forfeit all compensation for his services. If, however, he contract to do anything *accidentally* impossible, the contract is binding, "it being his own fault and folly that he did not expressly provide against those contingencies he should know might possibly transpire, and exempt himself from responsibility in certain events." * The surgeon may then contract to effect an absolute cure; and the highest degree of skill, combined with the utmost care and diligence, will not relieve him of his responsibility, "because it was his own fault, or inexcusable ignorance, that so uncertain a result should have been guaranteed successful. The extent of the physician's or surgeon's liability, under an express contract to cure, will depend upon the circumstances of the case. If he undertakes an absolute impossibility, the law will not hold him responsible for the full extent of the damage resulting to the patient by reason of the failure to cure. His responsibility extends to a forfeiture of all compensation for medicine and service; the impossibility of the undertaking excuses him in part."* The surgeon who makes a special contract cannot afterwards plead ignorance or want of skill; he, in effect, binds himself to bring to his undertaking a degree of skill and knowledge equal to its performance.

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* Chitty on Contracts.

The subject of special contracts between surgeon and patient has recently been reviewed by one of the courts of the State of Ohio, and a new and interesting phase has been given to it. A suit for alleged malpractice was brought in due form, and evidence brought forward to prove that the defendant did not exercise ordinary care and skill. The defendant claimed that he had a special contract with the plaintiff that he would not be responsible for results. The Court charged the jury as follows:—

> "A physician or surgeon, in undertaking the treatment of a surgical or medical case, enters into a contract with the patient. In the absence of any special one, the general law requires that the physician or surgeon shall render to the patient the ordinary skill—not the highest order of skill, nor the lowest, but something like the average skill of the profession. The general law also requires a reasonable amount of care on the part of the physician or surgeon. These principles are applicable to persons engaged in other pursuits. A mechanic in building a house, or a lawyer in the management of a case at the bar, is responsible for the exercise of reasonable skill and care. The defendant, Dr. Butler, however, claims that he had a special contract, which obligated him only to the exercise of the skill that he himself possessed. This contract the defendant had a right to make; and this contract, if proven—a matter of which you are to be the judges—is the measure of his responsibility, in the case at issue, for surgical skill."

Whereupon the jury gave a verdict for the defendant. If this decision is accepted as a rule in our courts in suits for alleged malpractice, we see no reason why the surgeon may not always relieve himself from all liability to damages in the practice of his profession. He has only to stipulate that he will use all the skill which he himself possesses, a fact to which in several States he may be a witness, and a nonsuit would be the result.

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MAYOR OPDYKE ON QUARANTINE.

In reply to our strictures upon the action of the Health Commissioners, permitting yellow fever patients to be sent to Ward's Island Hospital, Mayor Opdyke denies that the Board *intended* to send yellow fever patients to Ward's Island. Of the *intentions* of that anomalous body we know nothing, but that their resolution, carried out, would have sent yellow fever patients to Ward's Island is now too apparent for even a Health Commissioner to fail to see. The Health Officer was directed to send cases of yellow fever to such of the hospitals under the charge of the Commissioners of Emigration as he deemed appropriate; but this commission have but one hospital to which they are allowed to send patients, and that is Ward's Island. Necessarily, this action of the Health Commissioners would consign yellow fever to that hospital. But the Mayor declares this a gross misstatement, and asserts that the hospitals at Quarantine, and others on Staten Island, are under the charge of the Commissioners of Emigration; meaning that they have the power to open them for the reception of patients. Now, the following are the facts in the case:—The law of 1859 declares

> "It shall be the duty of the Commissioners for the Removal of the Quarantine Station to make some suitable arrangement for removing and taking proper care of such persons as may be sick at the hospitals at Castleton, and when such arrangement shall have been made, and notice thereof, in writing, shall have been given to the Commissioners of Emigration, they shall cease to send sick persons to said hospitals, but shall send them to such place as the said Commissioners shall designate."

Now, there is on the minutes of the Board over which Mayor Opdyke presides the following prohibitory officia notice from the Quarantine Commissioners:

> "That by reason of such proceedings (suitable arrangements for the sick), and by operation of law, from and after the date of said notice (27th June, 1859), no sick person whatever could lawfully be sent to or received at the inclosure or establishment known and hitherto used as the Marine Hospital, by any officer, body, or authority, whatever."

The same notice was served upon the Commissioners of Emigration; the hospitals were closed, and for the last three years no patient has been allowed to enter them.

When the action of the Commissioners of Health was laid before the Commissioners of Emigration, a member said:—

> "The resolution passed by the Board of Health is absurd. It substantially establishes a Quarantine at whatever point the Commissioners of Emigration have hospitals. They have none now except at Ward's Island, to which place this resolution transfers the Quarantine establishment."

Mayor Opdyke was present at this meeting as an *Ex-officio* member, and he seems to have tacitly acquiesced in these remarks.

The Board then passed the following resolution:—

> "*Resolved*, That the Superintendent of Ward's Island be instructed not to permit the introduction of any patients sick with yellow fever to the Hospitals at Ward's Island, it being clearly contrary to the statutes, and believing, as we do, that our citizens would not permit persons sick with this disease to be carried through the city and placed in hospitals in their immediate vicinity."

These facts can lead to but one conclusion, viz. Whatever was the *intention* of the Health Commissioners, their action would have consigned yellow fever patients to Ward's Island. It is very apparent that had a case of yellow fever arrived on the day following the passage of this resolution, the Health Officer would have had full authority to convey such patient to Ward's Island, and this through sheer ignorance of official obligations. Of the value of such a Board to the city, and of its ability to guard with "efficiency the public health," the citizens of New York can judge.

In the concluding paragraph of his card, the Mayor descends to the low level of the mere place-seeker. Even the allusion of a Medical Journal to the sanitary condition of the city, he must, of course, believe "is obviously prompted by disappointed hopes of place." This insinuation comes with ill-grace from one, who, through his attorney, declared that the Metropolitan Health Bill—the most important measure ever before the Legislature of the State of New York—ought to be defeated, if the Mayor was not allowed a place in the Board. That beneficent measure, which our best citizens have labored years to enact into a law, *was defeated;* and this community, as well as the State, justly hold the Mayor of New York the efficient cause of its defeat. Is it strange that a foreign Journal, alluding to the defeat of the Health Bill by the Mayor of the very city which it was designed to benefit, offering the pitiful apology that it gave *him* no place or power, said:—" *We have always had a mean opinion of American Statesmen, but they certainly merit only our contempt !*"

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* Elwell.

THE WEEK.

Hitherto we have advocated the distribution of the sick and wounded widely along the northern seaboard. The great and obvious advantage of this disposition of the invalided of the army is their more rapid recovery under the combined influences of a more invigorating climate, an ample supply of delicacies, better nursing, etc. But this policy has also its drawbacks; first, it gives great facilities to the convalescent to go home on furlough, vast numbers of whom do not return again in due time to their regiments, while many do not return at all; secondly, every soldier who returns to his former residence is an object of great interest, and naturally entertains his friends with stories, generally greatly exaggerated, of his sufferings and heroism. The effect of this is to retard enlistments. It is now, we learn, the design of the Government to treat the sick and wounded in the different military districts, at hospitals located in salubrious positions and easy of access. That this can be done to advantage there is no doubt, and thereby the inconveniences of distant transportation, and the other evils alluded to, will be avoided. Of one thing there can be no doubt, no more hospitals should be located in large towns, and those already thus established should be closed.

It is said that the Duke of Islay thus addressed a young colonel, who, on arriving at the bivouac, had left his men ten minutes under arms: "I see, sir, that you have never carried a knapsack upon your own shoulders." We were forcibly reminded of this hint from an old to a young officer on Tuesday week, a fearfully hot day, when the Ninth Vermont Regiment passed down Broadway. The colonel, divested of all encumbrances, rode jauntily along on his prancing steed at the head of the column, bowing gracefully and smilingly to the complimentary cheers; then followed the purple-faced soldiers, sweltering under their muskets, canteens, blankets, haversacks, and overfilled knapsacks. A few erect, but the greater number stooping, and supporting with one hand the loads upon their shoulders; and lastly the rear, consisting of wagons to pick up those who fell out of the ranks from sheer exhaustion. If it were necessary for this regiment to parade our streets, it would have appeared to much greater advantage if the wagons accompanying it had carried the accoutrements of the soldiers, instead of the exhausted soldiers themselves. The military ardor will not be very much increased by such displays.

In officering the new regiments it is to be remembered that there is to be an additional assistant surgeon appointed. It has been painfully evident during the past year that the medical staff is not of sufficient force. The plan of employing surgeons answers well as a temporary expedient, but it by no means meets the continued wants of the service.

Professor Hamilton is Medical Director of General Keyes' corps, and not Dr. White, as stated in a former number. Dr. White has relieved Dr. Brown, of Franklin's corps.

Reviews.

The Insertion of the Capsular Ligament of the Hip-Joint, and its Relation to Intra-Capsular Fracture. By Geo. K. Smith, M.D., Demonstrator of Anatomy in the Long Island College Hospital. [*Reprinted from the Medical and Surgical Reporter.*] New York: S. S. & W. Wood, 1862, pp. 44.

The substance of this pamphlet has already appeared in this Journal. It contains the most thorough discussion of the vexed questions relating to intra-capsular fracture yet published. Dr. Smith has exhibited the most commendable industry in the investigation of this subject, and great sagacity in the subsequent discussion.

Caries of the Elbow-Joint; Operation of Excision, with the Recovery of a Useful Arm. By N. C. Husted, M.D., of New York City. pp. 16.

Excision of the elbow-joint for caries is now regarded as one of the most successful operations in surgery. Dr. Husted's case illustrates in a marked manner, the slight constitutional disturbance which generally follows this excision; the rapidity of the cure, the great improvement of the general health of the patient, and the subsequent usefulness of the limb. The pamphlet contains a useful resumè of the literature of excision of the elbow-joint. It is a reprint from the Transactions of the New York State Medical Society.

Correspondence.

IS IRIDECTOMY A NEW OR OLD OPERATION?

[To the Editor of the American Medical Times.]

Sir:—Dr. Julius Homberger having done me the honor, in a kind spirit, to enlighten me on De Graaffe's views of Iridectomy, I beg to state that he has corroborated rather than weakened my opinion as to who was the originator of the *fashionable* operation in question.

First.—Dr. Homberger admits that iridectomy is identical with Cheselden's operation, or, in other words, is the substitution of a new name for an old and obsolete one. He states that De Graaffe performs iridectomy for glaucoma and iritis, and that in these the operation is performed for a therapeutic purpose, and further on he says that according to De Graaffe, glaucoma depends on a peculiar *exudative inflammation* of the uveal coat. Is not inflammation of the uveal coat, inflammation of the posterior surface of the iris? Yes. Is not inflammation of the uvea therefore inflammation of the iris? It is a difficult thing to draw a line of demarcation between the anterior and posterior layers of the iris, and such distinction cannot be made; therefore, inflammation of the uvea must be considered as identical with the old term iritis. Is not the exudation of lymph characteristic of iritis? Does not De Graaffe point out that the exudation of lymph is attendant on inflammation of the uveal coat? Is not inflammation of the iris and uveal coat, therefore, as De Graaffe shows, identical?

Dr. Homberger does not attribute the effect of iridectomy to the quantity of blood lost during the operation and the escape of the vitreous humor, but to the diminished intra-ocular pressure following the division and excision of the iris. It will be remembered that I fully demonstrated the fallacy of this theory, but strange to say, Dr. Homberger precisely gives in explanation my original views of the mode in which the operation proves serviceable. I stated that section of the iris was followed by the same results as the section of the sterno-cleido mastoid muscle in wry neck, the section of the rectus in strabismus, and the section of the intestinal tube in case of *intussusceptio;* now, in explanation of the operation of iridectomy, Dr. H. says: —"I believe that the change in the division of the group of muscles has a parallel in the influence of the *division* of the *sphincter ani* in certain diseases of the rectum and *incision* of the circular muscular fibres of the vagina in *vaginismus.*"

Dr. Homberger states that the enlarged condition of the pupils is of no use whatever for the sight. Has he ever examined the pupils of a convict confined in a dark cell who could see objects that he himself would fail to discover? Is not the enlarged pupil in such cases necessary to admit the rays of light? Would there be "a dazzle" in such a case? Certainly not.

Dr. Homberger says the pupils are dilated *ad maximum* in glaucoma. I would be glad to know how many cases of glaucoma he has seen. It is well known that glaucoma is a very rare disease, and I am positively of opinion that neither himself nor De Graaffe ever relieved or restored to sight a patient with true glaucoma, characterized with fully dilated pupils, by the operation of iridectomy. In support of this declaration I will cite De Graaffe. He says glaucoma is caused by inflammation of the uveal membrane accompanied by exudative lymph. Having proved that inflammation of the uveal membrane and iritis is identical, the question suggests itself, does dilatation of the pupil usually follow iritis? The answer to this question is, that almost invariably instead of being dilated the pupil remains contracted after iritis. Who has ever seen dilatation of the pupil follow iritis? Does it not follow, therefore, that De Graaffe's cases were not cases of true *glaucoma,* but rather cases consequent upon previous inflammation of the iris extending to the choroid and hyaloid membrane?

Dr. Homberger believes that iridectomy is never called for in myosis, and that the use of atropine will never fail to cause dilatation of the pupil. With respect to this declaration there is the positive evidence of Beer, whose authority and veracity up to the present time have not been called in question, that myosis is followed by incurable blindness, and that no medicinal agent will cause dilatation of the pupils. Let me inquire what course Dr. H. would adopt in a case such as Beer describes? Would not the ingenuity of his preceptor, De Graaffe, suggest to him that it was a case of spasmodic contraction of the iris, and that division of the muscular fibres would produce the necessary relaxation and be attended with dilatation of the pupils as a consequence; that in such a case as this, *intra-orbital pressure* would be removed, that the group of muscles would be relaxed, that the irritation of the irides muscles being removed, the irritation of the *recti* muscles would be also removed; knowing that the iris receives its nerves from the lenticular ganglion, as also that the lenticular ganglion *communicates* with the third nerve through a small branch, thus establishing a *community* and *reciprocity* of action between the *recti* muscles and the iris.

According to Dr. Homberger, De Graaffe operated when there was chronic iritis and irido-choroiditis, when there was extensive posterior synochus and exudation in the pupil, the effects of acute iritis. Will any man doubt that Dr. H. fully establishes Dr. Ryan's priority in the performance of the operation, after reading Mary Bryan's case, cited by me from the Dublin Hospital Reports.

Dr. Homberger admits the truth of the analogy between Dr. Ryan's case and De Graaffe's operation, and goes on to say in reference to Dr. Ryan's operation (I will quote his words): "Sufficiently proves that he merely executed the operation for the *production* of an *artificial pupil* for an *optical purpose.*" I cannot understand what importance is to be attached to the restoring of vision by an artificial pupil made by section of the iris? Is it made for any other than for an *optical* purpose? I cannot understand what object De Graaffe had in view, unless it was the admission of the luminous rays of the sun through the pupils. On this point I am ignorant. Whatever other purpose he intended to accomplish, it is certain that De Graaffe performs his operation for an optical purpose, as it enables the individual to see external objects. But Dr. Homberger considers iridectomy, when performed for an opacity of the cornea, is for an optical purpose, but when for closed pupil, induced by iritis, it is to act as a therapeutic agent. It will be recollected in Mary Bryan's case, there was no opacity of the cornea; therefore, on Dr. H.'s own showing, Mr. Ryan's operation must have been intended to act as a therapeutic agent.

With respect to the ophthalmoscope, I may say that it throws no light on glaucoma. The vitreous humor in a healthy state is transparent; it is also transparent, although changed slightly in color, when in a disorganized state. The ophthalmoscope is useful in ascertaining whether a case is one of glaucoma or cataract, but it has no power in deciding the claim of the priority of Ryan and De Graaffe, with respect to the operation of iridectomy. Sir B. Brodie, I am satisfied, would corroborate my views with respect to the ophthalmoscope; he has had sad experience of its utility.

Dr. Homberger hints that my remarks on the causes of glaucoma and myosis belong to the last generation, and are erroneous. Let any person study the physiology and pathology of the muscles, and then demonstrate the falsity of my theory, and I will believe him; but I care not for any man's assertion, until he gives other proofs than his own assertions, that he is right and that I am in error. I maintain that my views with respect to the *recti* muscles and iris are physiologically and anatomically well founded, and that the spasmodic contraction of these muscles will cause the prominence of the eyeballs, the convexity of the cornea, the contraction of the pupils, the absorption of the *pigmentum nigrum,* the breaking up of the *areoli* of the vitreous humor, and consequently the disorganization of the vitreous humor. The whole phenomena can be explained on mechanical principles, by any man who understands the action of the muscles, the location of the muscles, the form and position of the globes of the eyes, and the organization of the exterior as well as the interior of the eyeballs. Dr. Homberger is gratified that the operation of iridectomy, which is only known imperfectly in the United States for the last two years, will now be "ventilated."

I trust, as I am honestly and magnanimously disposed, that I will not be charged with being hypercritical, censorious, or cynical, or the type of the individual satirized by the Poet:—

> —— "Quid, cum est Lucilius ausus
> Primus in hunc operis componere carmina morem,
> Detrahere et pellem, nitidus qua quisque per ora
> Cederet, introrsum turpis."

JOHN O'REILLY, M.D.

230 WASHINGTON SQUARE EAST, New York, July 19th, 1862.

DR. PHILLIPS'S RESIGNATION.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—A friend has just called my attention to a communication contained in your issue of July 5th, which under the plea of seeking public sympathy for fancied wrongs suffered by Dr. Phillips and his predecessor, while filling the office of Surgeon in the 102d Regt. N. Y. S. V., is *really* intended as an extinguisher of any claims to military reputation to which the commanding officer of that Regiment may be vain enough to aspire.

The motive for this attack is quite transparent. It is not that the ex-surgeon feels any great solicitude about anything which may advance the good order, military discipline, or effectiveness of the Union Army. There is evidently personal malice at the bottom, which must be ventilated in some way, and which eagerly grasps at this pretext as a fitting opportunity.

As to the causes *assigned* for the resignation of these surgeons, and which is made the basis for this vindictive attack on the reputation of an officer, who by reason of his absence cannot reply to it, supposing them to be true, and the *only* causes, what do they imply? neither more nor less than this, that the commanding officer, in the faithful discharge of his duties, and exercising a power with which he was invested by virtue of his office, enforced a proper discipline in the camps—which discipline was not in accordance with the expectations, or desires, or plans of the subordinate.

But in reality there were other and more potent reasons which made it necessary for the "predecessor" to resign. Suffice it to say, it was important that the office of Surgeon should be filled by one both competent and patriotic.

An ardent sympathizer with secession should hold no place of responsibility in the Union Army. Mr. Editor, I have perhaps said enough by way of reply to this vituperative article. Less I could not well say, if I noticed it at all. I feel no concern about any damage that may be suffered by the party assailed. But I protest against a scientific journal being made a vehicle for personal attacks on the reputation of public men, merely to gratify personal spite.

I.

At a meeting of the Board of Commissioners of Health, at the Mayor's Office, New York, July 15th, 1862, present Hon. Charles C. Pinckney, *President of the Board of Councilmen, presiding, pro tem.*, Dr. Alexander N. Gunn, *Health Officer*, Dr. Lewis A. Sayre, *Resident Physician*, Dr. Jedediah Miller, *Health Commissioner*, (after other business was transacted,) on motion of Dr. Sayre:

Resolved, "That a copy of the letter from his Hon. the Mayor, in the *New York Daily Times*, of the 14th inst., in answer to an article republished by that paper from the American Medical Times, relative to the action of this Board in the matter of the Floating Hospital Nightingale, be sent by the Clerk to the Editor of the last named Journal, with a request that it be published therein in justice to this Board."

(Extract from the Minntes.) Wm. H. Armstrong, *Clerk*.

YELLOW FEVER AND QUARANTINE REGULATIONS.

A CARD FROM MAYOR OPDYKE.

New York, Saturday, July 12, 1862.

To the Editor of the New York Times:

Your paper of this morning contains a bitter and ungrounded attack on me, copied from the American Medical Times. It is based on the action of the Mayor and Commissioners of Health, at the meeting of the Board on the 16th day of June last. That action, so far from endangering the public health from yellow fever, resulted, as it was intended, in the furnishing full hospital protection to the people of New York against any danger from yellow fever patients arriving at Quarantine.

The facts are these: On that day the Health Officer, Dr. Gunn, reported to the Board that the floating hospital ship *Nightingale*, then in the lower bay, in good order, only needed physicians, nurses, and supplies, to make her ready for patients; that the State law required the Commissioners of Emigration to receive and provide hospital accommodation for all persons arriving at Quarantine affected with contagious or infectious disease; that he had asked the Commissioners, in compliance with their duty under the law, to provide for yellow fever patients by furnishing attendants and supplies for the floating hospital, and that they had declined to do so.

As the season was at hand when yellow fever patients might be expected, it was deemed necessary by the Commissioners of Health, on the above statement of the Health Officer, that prompt measures should be taken to provide safe hospital accommodation for such as should arrive. It was accordingly determined that the Mayor, who is made by law one of the Commissioners of Emigration, should attend the next meeting of that Board, to take place in two days thereafter, and request it to take immediate action as to furnishing the hospital ship. As to any patients who might arrive meantime, it was necessary that such should be sent somewhere, and as it was known that the Hospital at Quarantine and others on Staten Island, as well as the Ward's Island Hospitals, were under the charge of the Commissioners of Emigration, the following resolution was adopted:

Resolved, That the Health Officer be requested to send any cases of yellow fever which may come into his hands at Quarantine, to such of the Hospitals under the charge of the Commissioners of Emigration, as he may deem most appropriate, during the pendency of negotiations with the said Commissioners as to the support of the Floating Hospital.

It was neither expressed in the resolution, nor was it in fact for one moment intended, that Dr. Gunn should be requested by the Board to take yellow fever patients to Ward's Island, as is asserted by the person who wrote the abusive article referred to.

This action of the Commissioners of Health was followed by the adoption of a resolution at the next meeting of the Commissioners of Emigration, at which I was present, proposing to advance the necessary funds, until then withheld, to furnish the Floating Hospital with attendants and supplies.

Thus the action which is made the pretext of a violent complaint, was in fact that which compelled the furnishing of safe means of avoiding the danger pretended to be complained of.

The Board of Commissioners of Health have applied themselves most industriously and conscientiously to the sanitary interests committed to their charge, giving prompt attention to every complaint, and guarding with zeal and efficiency the public health.

The attack thus answered, like previous attacks on me in the same journal, is so obviously promoted by disappointed hopes of place, rather than by any regard for the sanitary interests of the City, that I should have deemed it unworthy of notice, had not its gross misrepresentations related to a subject on which the public mind is always sensitive.

George Opdyke.

ELECTRO-MAGNETISM AS A THERAPEUTICAL AGENT.

[To the Editor of the American Medical Times.]

Sir:—As an excellent conveyance of intelligence I would ask the use of your columns to call the attention of the profession once more to Electro-Magnetism as a valuable therapeutic agent, particularly in diseases of the nervous system. This is an old but much neglected remedy, and although somewhat troublesome, and requiring time to its proper application, I think its great efficacy entitles it to more general use. It is but too true that it has become a too general favorite with quacks and impostors, and that even they, in their ignorance, have been very successful with it; and I would urge this also as an important reason why it should not be discarded by the educated physician. Its similarity to electricity and galvanism, which agents are not so efficient and safe, has also created a prejudice against it; and another great obstacle arises from the great variety of electro-magnetic machines manufactured, many of which are worthless in the treatment of disease. I have found, after several years' experience, that electro-magnetism, if properly applied with proper medicines, as an educated physician only can apply it, is one of the most powerful and safe stimulants to the nervous system, a very powerful tonic to the muscular system, stimulating the circulation, expanding the capillaries, and by these means increasing the size of the muscles. I can produce diaphoretic, sedative, excitant, contractive, and expansive effects with it; instantaneous counter-irritation, and even a moxa, all depending upon the pole applied, the part to which it is applied, the medium of application, and the duration of the application, as well as the direction in which the conductor is applied. Much depends also upon the kind of current applied. Not wishing to intrude too much upon your space, I will only briefly describe the instrument I use, leaving a description of several cases of different diseases, and the modus operandi pursued, for another number, if it should be found of interest.

I use a battery of one cup containing two plates of zinc and one of platina, which is excited by very dilute sulphuric acid, the galvanic current from this is conducted to a helix of insulated copper wire wound around a temporary magnet of iron wires, thus converting it into electro-magnetism. The main currents evolved are two; one, the direct, is a steady current, very gentle and free from shocks, being merely the original battery current strengthened by induction; the other a very powerful current, being also steady and free from shocks, but broken at every vibration of the alternately repelled and attracted spring hammer at the armature, thus making it of alternating polarity, while the direct current has an unchanging polarity; there are other currents, being a combination of the two just described. The currents are conveyed through tinsel cords to various apparatus, such as handles, cups, wires, sponges, plates, tubes, and brushes, and are applied as circumstances may require.

H. Lassing, M.D.

No. 20 Oliver st., N. Y., *April 4th*, 1862.

FOREIGN CORRESPONDENCE.

By PROF. CHARLES A. LEE.

London, June 14th, 1862.

In my last letter, I gave some account of the "Social Congress," now in session in this city, and especially the "Health Department" of the association, whose meetings I have generally attended. Another body, called "*Congres International de Bienfaisance*" has also been holding its sessions at the same time, and many of the subjects brought before it have related to sanitary service and public health. At its sitting yesterday, a paper was read, prepared by Miss Florence Nightingale, which deserves some attention. The subject was "*On Army Sanitary Administration and its Reform under the late Lord Herbert.*" From this paper it appears that the present improved sanitary condition of the army has been the result of the Crimean catastrophe. At that period, the death-rate in the British army from consumption and other diseases mainly occasioned by the troops breathing foul air, far exceeded the *total* death-rate among the civil population of corresponding age. "The Barrack and Hospital Improvement Commission" having been appointed in 1855, proceeded at once to improve the ventilation and warming of the barracks, without machinery of any kind. Under their auspices drainage was introduced, and cesspits abolished; the water supply extended; baths introduced into both hospitals and barracks; and the lavatory arrangements generally improved. Barrack kitchens have been completely remodelled; the cooking apparatus improved; gas introduced and made to assist in the circulation of fresh air; stables have been ventilated, and ashpits abolished. In accordance with the recommendation of the commission, more simple and healthy principles for the construction of future barracks and hospitals, for insuring better drainage, more efficient ventilation, and more cubic space for sinks and wells, will be adopted. These principles have already been carried out in the Mediterranean stations. The result of these general improvements in the sanitary condition of the army is, that the mortality has been reduced one half. A school for practical cookery has been established at Aldershott, for training regimental and hospital cooks. The second sub-commission was appointed for reorganizing the medical department, which up to that time made no provision for systematically caring for the soldier's health; in fact, it was only fitted to attend them when they came into the hospital, and not to prevent their being obliged to go there. The new code of regulations established by the commission has been entirely successful.

The *third Commission* was charged with organizing the army medical school at Chatham, for the instructing of army medical candidates, of which I gave an extended account in a former letter. This was opened in 1860 by Lord Herbert, and has since been working in the most satisfactory manner, and there can be no doubt that the instruction there imparted, is one of the causes of the diminished death-rate.

The *fourth Sub-Commission* was charged with organizing the army medical statistics, which were then very imperfect and incomplete; whereas, now, the exact state of health of the men in each regiment can be ascertained at once. Another great sanitary reform was effected in the improvement of the purveying department, which had broken down so thoroughly in former wars, its defects being visited chiefly on the sick and wounded, for whose benefit it was established. Lord Herbert, in 1861, issued a new purveying code of regulations, which have been tried in foreign service, and have been found to fully answer every purpose which they were intended to fulfil. He also organized and trained army hospital corps to nurse the sick, which has proved most beneficial in alleviating the sufferings of the patients. The proof of the great success of these various improvements, was afforded in the last Chinese war, when the mortality of the force, including the wounded, amounted *to little more than three per cent. per annum*, while the "constantly sick" in hospital was little more than at home. Day-rooms and institutions have been formed for the purpose of assisting the struggle against those great moral evils which were supposed to be inseparable from garrisons and camps. If no rational amusements are provided for the troops they are exposed to great temptations, and profligacy and vice must necessarily be the result of want of occupation. It is a serious question whether Government ought not to interfere to put down the open temptations to vice, as it puts down the open temptations to crime. At all events, soldier's barracks should be made more of a home to them. Let clubs be established, and increased means of occupation be provided, such as workshops, galleries, out-door games, and amusements, and rational recreation be provided in the shape of lectures, etc.

Such is a brief abstract of the main points in Miss Nightingale's paper. It certainly did great credit both to her heart and head. There can be no doubt, I think, that the morals of soldiers is a subject demanding far more attention than it has yet received, inasmuch as it has a direct bearing on health. The statistics of venereal affections in armies, if correctly reported, would not only excite astonishment, but might lead to some practical measures to diminish a class of diseases which weekly increase both the mortuary and invaliding tables.

I have introduced this subject in my letters on account of its great importance, as connected with our own extensive and military organization and operations at this time. It would be strange, indeed, and inexcusable, if we did not profit from the mistakes, as well as the experience of other nations, and if we did not fully avail ourselves of all the statistical results of the extended observations of medical officers connected with European armies. The object of army medical statistics, indeed, is to obtain the means of ready and accurate comparison of the health of troops at different periods, at different stations, and in different barracks or quarters, and of comparison with the sickness and mortality in civil life, so as to enable medical officers, at all times, to take immediate measures to check or counteract whatever may injuriously affect the health of the troops, whether in peace or war. I trust that the talented gentleman recently appointed to the most responsible and arduous office of Surgeon General in our army, places a proper estimate on the value of accurate and well digested statistical reports; as it is from them alone that we can have an exact and comprehensive view of the army; can know the number, week by week, of effective men, and the number ineffective from each particular cause; from them only, in short, can be learned the health of the army at any given time. They will show at once the extent to which the violations of the laws of nature are carried, and the salubrity or insalubrity of certain localities; as we know that the mortality, exceeding a determinate rate, is not inevitable, so we equally well know, that if that rate is exceeded, there are errors of some kind which need instant correction. *These statistical returns should be made weekly in our army*, and a sufficient force employed to tabulate them at once, and not wait, as has heretofore been the case, *till the year has expired*, before even entering on this labor; for by so doing, their value is chiefly lost. What we want to know is, the exact amount of sickness in the army at different stations, and the diseases which are prevalent at the present time, for, without this knowledge, no rational efforts at improvement can be made. This subject, I know, has been constantly kept in view by the United States *Sanitary Commission*, whose enlightened and well directed efforts have resulted in such substantial benefits to our army. I trust they will not relax in their efforts to procure all needed statistical returns, to fully accomplish the above-named objects. No one can overestimate the value in a hygienic and sanitary point of view, of the information that may be gathered from observations made by our army medical officers during the present war. The field of observation is so vast, that these observations, if properly used, will not only enable us to measure the influences of all known causes on health, but will probably lead to the discovery of new causes, both of impaired and of vigorous life. They will not only be the means of improving the health of the army, but also furnish new contributions to the science of health, in which our whole nation is concerned.

The English, though proverbially a practical people, have been very slow to avail themselves of the advantages of accurate army and navy medical statistical reports. You will perceive from the tables I sent you, relating to the health of the British army and navy, in different parts of the world, what a vast amount of unnecessary sickness and death there still is in these departments; and when this subject was up in the "Health Department" of the "Social Congress," I felt it my duty to say, that I did not think that the sanitary regulations on board the British vessels had materially improved since the days of Captain Cook, who, in a voyage round the world, lasting three years, and with several vessels, never lost a man from disease, and scarcely had a man unable to perform duty, during this whole period.

Medical News.

Brigade-Surgeon Adam Hammer is ordered to report to the Medical Director at St. Louis for duty in charge of one of the general hospitals in that city.

Assistant Surgeon Harrison Allen, Medical Cadet F. G. H. Bradford, and Hospital Stewards McManus and Austen will report in person to Surgeon Letterman, Medical Director of the Army of the Potomac, for duty.

Surgeon Mitchell, 1st Maryland Volunteers, will report for duty to Surgeon McVarlin, Medical Director of Gen. Pope's command.

Surgeon Parker, U. S. Army, will repair to Chicago to relieve Brigade-Surgeon Blaney, in his duties as Medical Purveyor, the latter to report to the Surgeon-General.

Surgeon William Whelan, to be Chief of the Bureau of Medicine and Surgery.

Theoron Woolverton, of New York, to be Assistant-Surgeon in the Navy.

J. H. Boucher, of Iowa, to be Brigade-Surgeon of Volunteers.

The following were confirmed as Assistant-Surgeons in the United States Army:—Wm. H. Keene of Pennsylvania, George L. Porter of Pennsylvania, David S. Huntington of Pennsylvania, T. W. Williams of District of Columbia, Charles M. Colton of Virginia, T. M. Brown of Ohio, Charles S. Degraw of New York, Edward C. Strode of Illinois, Andrew H. Smith of New York, and Van Buren Hubbard of Ohio.

Brigade-Surgeon Lecompte has been ordered to repair to Chester, Penn., to take charge of the general hospital at that place.

Brigade-Surgeon C. L. Allen is ordered to report to the Surgeon-General as a member of the Board for the Examination of Surgeons of Volunteers.

Brigade-Surgeon D. H. Prince and Surgeon H. Jewitt, of the 10th Mass., remained with the wounded after the battle of Malvern, are still in the hands of the enemy. Surgeon M. S. Killenger of the 100th N. Y. remained with his wounded on the Chickahomony, and is a prisoner.

Brigade-Surgeon A. B. Crosby, late Medical Director Peck's Division, one of the most talented and energetic medical officers in the army, has resigned, and will return home immediately. Ira Perry, Contract Surgeon, has been assigned to the 2d R. I., as Act. Asst. Surgeon. J. G. Strowbridge to the 39th Ill.; J. W. Hinchley to the 13th Ind. Drs. Sargent, M'Collister, and Pierce to the batteries under command of Major West.

L' Union Médicale gives the following catalogue of diseases under which the Grand Monarch, Louis XIV., suffered at various times of his life. The facts are obtained from observations made by his physicians, Vallot, D'Aquin, and Fagon. The king appears to have had his share of human bodily infirmities. "At seventeen, he caught a violent blennorrhœa. Some time afterwards, he narrowly escaped falling a victim to confluent small-pox. He next suffered from a scirrhous induration of the breast. At Calais he caught a putrid fever; and afterwards had the measles, dysentery, odontalgia, arthritis, abscess in the left armpit, and fistula in ano. Besides this, Louis XIV. had an anthrax in the neck. Moreover, all the teeth in his upper jaw were extracted, in consequence of a fistulous opening in this bone, which made a communication between the mouth and the nose, so that liquids escaped by the nose, the royal nasal mucosities giving off a cadaverous odor. Lastly, he is represented as having been bled forty-four times, as having had fifty lavements, and swallowed two hundred and eleven purgatives. Gouty, podagrous, and afflicted with gravel during many years, this lofty individual at last perished of gangrena senilis."—*Brit. Med. Journal.*

The Cholera at Mauritius and the French Medical Practitioners at Réunion.—A very interesting and even affecting correspondence is published in *L' Union Médicale*, between the medical men of the French Island Réunion and the authorities of Mauritius. It would appear that at the time the cholera was raging in the latter island the practitioners of Réunion wrote in a body to the authorities of our colony to offer the services of as many of them as would be required to go and assist their English brethren. The disease, however, declined rapidly, and the authorities answered the generous offer in a very appropriate manner, thanking the medical gentlemen of Réunion, and announcing to them that, although touched by their willingness to assist the authorities, they were, owing to the mitigation of the epidemic, able to cope with the disease.—*Lancet.*

Dr. Collins' Private Institution at Great Barrington, Mass., for the treatment of chronic diseases of women, we learn, continues to be well patronized, notwithstanding the war, which has prevented many from coming from the South, as in former years. So crowded has this establishment been of late, that the Doctor has added another building, which is just completed, and furnished.

Our profession must provide suitable means, if they expect to meet the exigencies of their cases, otherwise people will resort to empiricism.

Dr. Horace Green has offered $20 to each of the first fifty volunteers in the County of Westchester, N. Y.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 14th day of July to the 21st day of July, 1862.

Deaths.—Men, 90; women, 87; boys, 233; girls, 176—total, 586. Adults, 177; children, 409; males, 323; females, 263; colored, 8. Infants under two years of age, 343. Children reported of native parents, 48; foreign, 270.

Among the causes of death we notice:—Apoplexy, 7; infantile convulsions, 33; croup, 3; diphtheria, 9; scarlet fever, 18; typhus and typhoid fevers, 9; consumption, 57; small-pox, 7; measles, 4; dropsy of head, 29; infantile marasmus, 33; cholera infantum, 125; inflammation of brain, 18; of bowels, 22; of lungs, 11; bronchitis, 5; congestion of brain, 17; of lungs, 4; erysipelas, 1; diarrhœa and dysentery, 26. 365 deaths occurred from acute disease, and 42 from violent causes. 472 were native, and 114 foreign; of whom 71 came from Ireland; 53 died in the City Charities; of whom 10 were in the Bellevue Hospital, and 5 died in the Emigrant Institution.

Abstract of the Atmospherical Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

July 1862	Barometer.		Temperature.			Difference of dry and wet bulb. Thrm.		Wind.	Mean amount of cloud.	Humidity Sat'tion, 1000
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	In.	In.	°	°	°	°	°			
13th.	29.80	.03	73	68	80	11	15	S. W.	0	460
14th.	29.80	.02	81	74	90	11	15	S. W.	1	472
15th.	29.84	.03	83	76	90	9	12	S.	6	640
16th.	29.83	.06	80	71	90	7	12	S. W.	3	565
17th.	29.91	.10	75	66	84	10	15	W.	0	550
18th.	30.00	.20	62	53	74	6	10	N. to S.	5	660
19th.	30.07	.20	67	60	75	11	14	W.	0	440

REMARKS.—13th, Fine day. 14th, Warm day. 15th, Very sultry, tempest at 6 P.M. 16th, Sultry, rain with thunder and lightning at 8 P.M. 17th, Clear, with moderate breeze all day. 18th, Moderate breeze all day: variable sky. 19th, Fine day. Rain fall for the week, quarter of an inch.

Lectures on Ophthalmic Surgery.—

DR. JULIUS HOMBERGER, will give a Course of Lectures on the *Practice and Theory of Operations on the Eye.* Each student will have an opportunity to perform every operation several times on the eyes of animals.

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to L. I. College Hospital, Brooklyn, removed to St. Paul, Minn.

References.—C. L. Mitchell, M.D., T. L. Mason, M.D., Prof. E. N. Chapman, M.D., of Brooklyn; Prof. Austin Flint, M.D., Prof. B. F. Barker M.D., of New York.

To the Medical Profession.—Dr. I.

Parigot has changed his residence and is prepared to receive a very limited number of patients in his country house at Hastings, on the Hudson; he can be consulted in town at Dr. Douglas' Office, No. 12 Clinton Place, on Tuesdays and Saturdays, for Nervous Diseases and Medico-Legal questions.

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Appia (P. L.) The Ambulance Surgeon,

or Practical Observations on Gunshot Wounds. 12mo. Edinburgh, 1862. $1.50.

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ENCYCLOPÆDIA OF SURGICAL SCIENCE.

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BAILLIERE BROTHERS, 440 Broadway, N. Y.

Psychological Inquiries. The Second

Part; Being a Series of Essays intended to Illustrate Some Points in the Physical and Moral History of Man. By Sir Benjamin C. Brodie, M.D. 12mo. London, 1862. $1.60.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Consumption, its Early and Remediable Stages.

By Edwards Smith, M.D. 8vo. London, 1862. $3.25

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On Uterine and Ovarian Inflammation;

and on the Physiology and Diseases of Menstruation. By E. J. Tilt, M.D. Third edition, with Colored Plates. 8vo. London, 1862. $3.75.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

On the Various Contrivances by

which British and Foreign Orchids are fertilized by Insects, and on the good effects of Intercrossing. By Charles Darwin, M.A., F.R.S., etc. 8vo. London, 1862. $2.80.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

An Inquiry into the Medicinal Value

of the Excreta of Reptiles in Phthisis and some other Diseases, by J. Hastings, M.D. London, 1862. $1.60.

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The Pathology and Treatment of

Phlegmasia Dolens, as Deduced from Clinical and Physiological Researches. By F. W. Mackenzie, M.D. 8vo. London, 1862. $1.87.

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On Urine, Urinary Deposits, and

CALCULI: Their Microscopical and Chemical Examination, including the Chemical and Microscopical Apparatus required, and Tables for the Practical Examination of the Urine in Health and Disease; by Lionel S. Beale, M.D. Illustrated with numerous original Wood Engravings. Post 8vo. London, 1861. Price $2.60.

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Traite Pratique de Medecine Legale,

Rédigé d'après des Observations Personnelles, par J. L. Casper. Traduit de l'Allemand, par G. G. Baillière. 2 vols. and Atlas of Colored Plates. Paris, 1862. $8.25.

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IN THE PRELIMINARY COURSE.
SESSION 1860–61.

By A. JACOBI, M.D.,
PROF. OF INFANTILE PATHOLOGY AND THERAPEUTICS.

LECTURE X.—PART IV.

Dentition and the Nervous System—Frequency of Diseases of the Nervous System in Infantile Age—Comparative Anatomy of the Infantile Cranium and Brain, Weights and Measures.

The nervous system of children has hitherto been the subject of our consideration, inasmuch as the circulation of the blood is influenced by it. It is, however, but just that we now consider it in that light and also in relation to its other functions. This is not only an important and not very easy task; not very easy, as both of its anatomical structure and the physiological actions its morbid conditions frequently resist a successful exploration; very important, from the very frequency of cerebral and other nervous affections of a more or less severe nature. Mauthner asserts to have observed 1747 cerebral diseases in 15,836 cases of sickness in children. According to Dr. Forsyth Meigs, there were in Philadelphia, in the course of five years, 3,970 deaths in children from diseases of the brain, 4,204 from diseases of the digestive organs, and 3,376 from diseases of the respiratory organs; and West remarks, that of 16,258 deaths resulting from diseases of the nervous system, in London (1842 and 1845), 87 per cent. were observed during the first five years. These are deaths. Only long-continued statistical reports on the occurrence of nervous diseases and functional troubles, not followed by fatal termination, could give a correct idea of the numerical prevalence of such affections. The number of deaths, however, is already so large, that as not only material organizations but also functional disorders of the brain, spine, and nerves, are frequently observed, the percentage of nervous affections, both fatal and not, is enormous. As to material changes of the substance of the nervous system, it is true that many diseases of adults are not, or rarely, found in early age, for instance, carcinomatous and sarcomatous degeneration, certain forms of encephalitis, etc., but there are a number of prevalent forms by far more frequent in children than in more advanced age. Amongst these latter, I count anomalies of the amount of blood contained in the bloodvessels of the nervous system, particularly its centres; meningitis in two forms, both genuine and tubercular; apoplexy; hydrocephalus; and also hypertrophy. Mere functional disorders, that is, such diseases of which with our limited means of investigation, and narrow knowledge, we have not been able hitherto to find the anatomical foundation, are also frequent. I need but allude to the frequency of convulsions in infantile age, which in a large percentage of cases will pass away without apparently leaving behind themselves any serious consequences.

I have stated that our knowledge of the more minute anatomy, and also the physiology of the nervous system, especially in its anomalies, is still very limited; nevertheless, those facts which anatomical researches have pointed out, will lead to the conclusion that the prevalence of nervous diseases in early age, is readily explained by the nature of the infantile nervous system. This is principally true as far as the brain and skull are concerned, as the spine and nerves, being less amenable, have been less closely studied. The anatomical facts to which, before entering into the discussion on the connexion of dentition with nervous affections, I desire to direct your attention, belong principally to the condition of the cranial bones and the cerebral substance.

In the newly-born ossification has made most progress in the auditory bones, labyrinth, portion of the petrous bone, and lower maxilla. The frontal bone still consists of two halves, its tuberosities are prominent, and no frontal cavity has commenced to be formed before the end of the first year. The occipital bone consists of four parts, the sphenoid of three; the parietal bones have not yet acquired their square condition, have as it were a fibrous appearance, and prominent tubera. The temporal bone is still divided into four parts (the petrous, mastoid, and squamous portion, and the annulus tympani); the ethmoid into three, with very few signs of ossification. There is still, in the upper maxilla, a sign of the presence of the intermaxillary bone; the maxilla containing the alveoli for two incisors, the canine, and two molar teeth, and a distinct but very small antrum Highmori. The palate bones are low, little developed, but consist already of a single piece. The inferior maxilla is divided in two halves, and contains the twelve central alveoli. In the upper and lower dental alveoli there are already the gelatinous germs of the twenty temporary and the first four permanent teeth.

The cranial bones are kept in connexion by sutures and sutural cartilage, this latter being the remnant of what has surrounded the cranial cavity in early fœtal life; the pericranium adhering more tightly to them than to the bones themselves. The large quadrangular fontanel, formed by the coronal and sagittal sutures, is large, of the size of a square inch and more, larger in large heads, smaller in small, and of enormous extension in hydrocephalic ones; the normal period of its closure being from the thirteenth to the fifteenth month. After this age it is found open in rhachitical children; that persons in advanced life should have an open quadrangular fontanel, is an excessively rare occurrence. A few cases of this anomaly have been given in my essay on the premature closure of the cranial sutures and fontanels, and its etiological and prognostic importance, and an additional one has come under my notice a short time ago, in a young lad whose fontanel was still somewhat pulsating at the age of twelve years. The triangular small fontanel formed by the sagittal and lambdoidal sutures is closed in the mature child, as well as the lateral ones. Additional ones are rare, and then are only the results of ossification having commenced from a number of supernumerary points. The peculiar undulated shape of the sutures, or rather the margins of the cranial bones, is but gradually transformed into the dentated form, which is the common appearance in later and life, after the third year. Real ossification will not commence before the twentieth year, and then first on the inner side of the cranium. Congenital or premature ossification of the sutures, or even simple closure, gives rise to serious consequences. Unilateral premature closure interferes with the symmetrical development of both skull and brain; if universal, it suppresses the normal growth of both. Microcephalus and idiotism result therefrom, or at least, from the brain being compressed, anomalies of the cerebral functions will be the consequence. Epilepsy or paralysis, naturally incurable, will follow. Or, in milder cases, the constant pressure on the cerebral substance will, by itself, or in the course of inflammatory or feverish diseases, bring on cerebral symptoms which, from the nature of the complication, will be seldom suppressed, and generally prove fatal. Perhaps the indistinct knowledge of this fact has induced old authors to call the Wormian bone, contained in a supernumerary fontanel of the frontal suture, from its apparently giving more room to the anterior portion of the brain, by the name of, not only interfrontal, but also anti-epileptic bone.

The head of the newly born has an irregularly round shape; its height amounts to about the fourth part of the length, its weight to about a fifth of the weight of the whole body Its principal diameters are these: Four or five inches from occipital to frontal, three and a half or three and three quarters between the two parietal bones; five or five and a half from occipital bone to chin, three and a half from forehead to chin; its longest circumference is from fourteen to sixteen inches; its shortest, over the vertex, ten and a half to eleven inches. Its greatest width falls a little below the two parietal protuberances. The bones of the cranium are more injected with blood, bluish, and are more easily inflected than fractured; it predominates over the face. The frontal and parietal tuberosities are prominent. The upper margin of the parietal bone stretches in an almost perpendicular line above the lower one. The occipital bone lies more horizontally. The points of insertion of the muscles are less developed; nor are the superciliary arches very distinct; they are formed with the development of the frontal sinuses, whose first beginning dates from the second year, but which scarcely are worthy of the name before the tenth. The hair covering the scalp is short, thin, and often copious, the aponeurosis thin. In proportion to the general growth of the body the face gradually commences to predominate, the basis of the cranium growing fastest; mostly so in its posterior portion, together with the rapid growth of the occipital bone before the fifth year, while between the fifth and tenth year, in the period of the protrusion of the posterior molar teeth, the anterior portion develops at a more rapid rate. Gradually the frontal bone appears flatter, for several reasons; for its superior margin ascends; its inferior one is drawn anteriorly by the gradual prominence of the superior maxilla; and the formation of the frontal sinuses helps to bring on the same result. The occipital bone by and by loses its horizontal position, becoming more perpendicular.

After all, the several parts of the head do not grow at the same rate. The parietal bone has its full circumference at four years, while the frontal bone still continues growing. For this reason, the parietal portion of the large hemispheres of the brain is soon left behind by the anterior frontal lobe. The cranial cavity of the new-born is about a fourth or a third of that of adults, but already in the second year grows from 482 cubic centimetres up to 999, while the weight of the skull at that period reaches already three times its original amount. The occipital portion of the cranial cavity is very small in the newly born, being only 5 per cent. of the whole. The frontal portion is as much as 13.89, the parietal 81.11 per cent. But as early as the second year, both the occipital and the frontal vertebræ grow each by 0.5 per cent. All these facts you will find to be in strict correspondence with the remarks I shall have to make on the relative development of the single portions of the brain.

The dura mater adheres tightly to the cranium, in infantile age, partly by means of blood-vessels, and partly by conglutination with the sutural cartilages. In the newly born it is loosely attached opposite the parietal tuberosities. It is firmly adjacent to the cerebral surface, strongly injected, bluish, and transparent. With advancing age it gains in solidity, but loses its transparency and injection. The arachnoid membrane and pia mater are very thin, colorless, transparent, and fragile; they show large veins filled with dark blood; there is a good deal of cerebro-spinal fluid, but no Pacchionian granulations are observed. The choroid plexus are of a similar nature to that of the meningeal membranes; they are delicate, and contain more blood. All these facts constitute just as many differences from the condition in which the same parts are found in more advanced childhood, in adults, and in senile age.

The brain shows a lower degree of development. Its substance is less white, more transparent, and of a reddish-greyish color. It is of almost gelatinous consistency, at all events much less solid than in advanced age, and the division into medullary and cortical substances is less distinct. Only some parts excel by their proportionate hardness and their white color, viz. medulla oblongata, corpora quadrigemina, corp. mammillaria, thalami, and pons Varolii. The fibrous appearance of the large hemispheres is not yet recognisable; the gyrations are thicker, less prominent, and fewer. The lateral ventricles exhibit less serous contents, and their walls are more even. The substance of the brain, finally, contains but little serous blood; only near the borders of the thalami there are a large number of blood specks.

Not only are these general differences between the brain of the infant and the adult recognisable in every specimen, but there are some which are of quite a specific anthropological importance. The relation of the several parts of the brain to each other changes according to age, as is well proven by accurate measurements, and weighing. The relative weight, for instance, of the large hemispheres, and the occipital portion of the brain, are particularly instructive. According to Huschke the cerebellum of the newly born weighs 25 grammes, that of the adult from 180 to 193 grammes; that is, seven or eight times as much as the former. The large hemispheres of the newly-born weigh 300 grammes, those of the adult from 1200 to 1400, that is, four or five times as much as the former. The percentage drawn from the foregoing are these:—In the newly-born the cerebellum weighs 6 or 7 per cent., the large hemispheres 94 or 93, of the weight of the entire brain. Already after seven or twelve weeks these figures have been found to vary; the percentage of the cerebellum increasing to 9 or 11 per cent. At ten or fifteen years it has been found to be 12 or 13, nearly as much as in adults, where the percentage of the cerebellum is 12 or 14, of the large hemispheres 88 or 86.

A few other percentages are given by Huschke, viz:—Male fœtus of five months, 5·14; female fœtus of seven months, 6·05; of eight months, 7·06; new-born female, 7·32; female of three years, 12·20; male of three years, 11·91; and female of fifteen years, 12·29. The figures of Chaussier differ somewhat: the proportion of cerebellum to the large hemispheres being from 1 : 13 to 1 : 30, or from 3·28 to 7·7 per cent. The same proportions, with all the astonishing differences, have been found to exist by Gall.

The forehead of the newlyborn infant is narrow and low; the anterior lobes of the large hemispheres must consequently be expected to be proportionately small. Weighing and measuring confirm this conclusion. The anterior lobes in a prematurely born female, yielded only 16·5 per cent. of the weight of the entire large hemispheres; in the new-born, at full term, 22·09; in some who were from eight to twelve weeks old, also but from 16·7 to 18·9 per cent. This figure increases to 22·4 in the first twelvemonth. Whenever a similar figure, for instance 21·8 at seventy-seven years, occurs at advanced ages, circumstances must be peculiarly unfavorable. The remaining, especially the parietal portion of the large hemispheres, must necessarily show the reverse proportion. You remember the figures I gave for the frontal and parietal vertebræ. Now, the anterior lobes of the large hemispheres in the newly-born, weigh from 60 to 70 grammes; in the adult 300—that is five times as much as in the former; the remaining parietal and inter-parietal portion, however, in the newly-born 250, in the adult 1000 grammes, that is four times as much as in the former.

Ophthalmia.—The new species of ophthalmia which startled the French physicians a few weeks ago in the garrison of Vincennes, is more extensively spread than was at first supposed. The soldiers, whose optic nerves become paralysed the moment the sun goes down, are not to be found in that locality alone. The disease has appeared with great virulence at Strasburg and other places, and has much embarrassed the faculty. Perfect vision returns in the morning, but at sunset the patients again lose their sight. The most searching investigation is being made as to its cause and cure.—*Lancet.*

Dr. A. E. Stocker, late Medical Director of Gen. McCall's division, is appointed physician to the Berkeley Estate Hospital.

Original Communications.

CASES IN SURGERY.

By HOMER O. HITCHCOCK, M.D.

OF KALAMAZOO, MICH.

CARIES OF OCCIPUT AND TEMPORAL BONES—OPERATION—ENTIRE RECOVERY.

Case I.—On the 30th of April, 1860, R. M., a man of 60 years of age, but of strong and vigorous constitution, and uniformly good health, came to my office, suffering with very severe pain in the right side of the head, particularly just behind the ear. On examination I found some fulness, redness, and slight tenderness over and behind the mastoid process. The pain was not throbbing, but sharp, lancinating, and paroxysmal. Four or five days before, he had consciously contracted a severe cold, on which this pain supervened. I prescribed for the neuralgia, expressing my fears at the same time that there might follow suppuration, and suggesting, if he should not soon experience relief, that I should see him at his house and apply leeches. I saw no more of him. He had fallen into other hands.

Eight weeks after, he came again to my office. He appeared much worn out by intense suffering and sleepless nights. For all this time his treatment had been poultices, superficial openings, and anodynes, with no benefit, and scarcely a minute's relief from pain.

He now begged of me to *do something* for him. I reluctantly consented to take the case, insisting, however, upon a consultation, as I found on a slight examination a much deeper seated disease than I at first apprehended. The probe could be passed into a circuitous fistula just behind the mastoid, downwards and inwards nearly two inches, impinging upon denuded bone. One free, straight opening down to the bone was now made, followed by considerable relief to the patient. Within a week, however, the terribly severe neuralgia came on again, with loss of appetite and difficult deglutition. A further and more complete operation was now proposed and accepted. The complexus, the rectus posticus major and obliquus superior muscles were severed very near their attachments, and a surface of one to one and a half inches in diameter was found carious. By a suitable instrument we endeavored to scrape off all the diseased surface that could be reached with safety. The disease appeared to extend under and behind the mastoid process, and to have already affected some of the pharyngeal muscles. Just underneath the obliquus superior the disease appeared to have extended entirely through the occiput, and its whole thickness was removed. I feared after all that far under the mastoid process there was some part of the diseased bone unremoved, but on account of the condition of my patient, a further prosecution of the operation was not deemed advisable. The wound was kept well open and thoroughly syringed. The neuralgia was greatly relieved, but my patient suffered severely from a post-pharyngeal abscess. After this had discharged his power of deglutition increased, as well as his appetite, and he slowly but constantly improved. The wound was not closed for many months: but has now, two years after the operation, entirely closed, and has been so for a year, and the patient has entirely recovered, except a little stiffness of the neck.

CALCULUS—LATERAL LITHOTOMY—CURE.

Case II.—J. K., æt. 38, a carpenter, and otherwise healthy, was born and lived in the State of New York, for twenty years or more. At the age of sixteen, he received a very severe blow across the abdomen, just above the pubes. The accident was followed by the passage of bloody urine for several days. After two months, the patient seemed to have fully recovered from the effects of the accident.

During the year 1850, having lived some time in this state, he experienced difficulty and frequency in urinating; the act once in a while being followed by a bloody matter. This was accompanied by a pain and soreness just above the pubes at the seat of the injury of ten or eleven years before. These symptoms have continued gradually increasing ever since, relieved now and then by treatment, usually the use of alkalies in infusions of buchu or uva ursi. His case first came under my notice about the first of January, 1861. The presence of a calculus was at once suspected, but could not be detected. He was treated palliatively by anodyne injections into the bladder, and diluent diuretics. In April, the presence of a calculus was clearly established, and lithotomy proposed and accepted. The lateral section was performed with very slight loss of blood. There were two calculi of the ammoniaco-magnesian variety, the larger about three-quarters of an inch in diameter and of the shape of a mulberry—the smaller was broken into fragments. The wound rapidly healed, and the patient was dismissed and sent to his home on the 24th day. The venerable Dr. Pitcher, of Detroit, present at the operation, remarked that it was the fifth operation for stone that had occurred in Michigan.

COMPLETE PROLAPSUS UTERI, OF TWENTY YEARS' STANDING—GREATLY BENEFITED BY EPISORAPHIA.

Case III.—In December, 1860, Mrs. Y. S. placed herself under my treatment. Her story was briefly this:—For twenty years she had been an intense sufferer from falling of the womb. Such had been the effect of the disease upon her as to have nearly ruined her nervous system, and to have rendered her a fit subject for an insane asylum. She had been treated by many physicians; had tried pessaries of all descriptions, but at the hands of no physician had she received permanent benefit, and no pessary had been found that would for an hour remain in place.

Her last doctor, before consulting myself, was an itinerant quack, with "supporters" of his own "patent," and, as he claimed, with a knowledge of such diseases and a power to cure them, far superior to any regularly educated physician. He claimed to cure them upon a new plan and according to new principles, developed and still held secret by himself. His plan was to replace the prolapsed organs with his hand and hold them up for an hour or two each day, advising in the interval the use of cool astringent injections; a plan new or peculiar to him only in the length of time the hand was kept within the vagina.

The patient, at the age of 22, had been delivered of a child at full term, after a very severe and protracted labor. The perineum was ruptured to the verge of the anus, and from that time began her sufferings. She had since been once or twice pregnant, the fœtus being developed to about five months, the fundus of the uterus remaining meanwhile within the pelvis, the cervix protruding from the vulva.

On my first examination I found suspended between the thighs of my patient a tumor of nearly the size of a goose's egg, covered with an entirely dry, smooth, and non-sensitive membrane. At the lower part of the tumor was the os uteri, into which I could easily pass, for an inch, my little finger. The fundus of the bladder and also a large portion of the rectum had been dragged down by the constant weight of the uterus, and they formed a part of the tumor. The bladder and rectum could neither of them be emptied without the whole tumor being first reduced and held up with the hand. The upright position and walking could only be endured, the organs being sustained as much as possible by a T bandage, which had always to be worn. Such had been her life for more than twenty years.

After a careful consideration of her case, I proposed, 1st, the operation noticed in Churchill's Diseases of Women, called episoraphia; 2d, as subservient to the permanent benefit of the first operation, I proposed to mend the ruptured perineum. Accordingly I dissected out an oval or pear-shaped piece of mucous membrane from the anterior wall of the vagina, three inches in length by an inch and three-quarters in width, extending from within half an inch of the os uteri to about the same or a little less distance from the meatus urinarius. There was no considerable hæmorrhage. The edges of the wound were carefully drawn together by silver sutures, commencing at the cervix uteri. I used a great number of them, and drew the edges very carefully together. Three or four days after some of the sutures sloughed, and I had to put the lead clamps on. There was no other untoward symptom, and in ten days I had the great pleasure to find the edges completely united throughout the whole extent of the wound. And what was very satisfactory, there seemed but very little inclination of the organs to prolapse.

Two weeks and a half after the operation, my patient could be about the house with greater ease and comfort than she had experienced for fifteen years. The bladder was now wholly and naturally evacuated, and injections into the bowel could now be retained, and they would easily move the bowels. One week after I made the subsequent operation of mending the perineum, which was very successful. It was found that a hard rubber pessary now sustained the organs a little higher, and it was consequently inserted.

My patient was called too quickly away to attend upon her husband in his last illness. Could she have remained longer under treatment, and with proper care, she would have been perfectly relieved.

The great relief and benefit to her nervous system were almost wonderful. I have seen her several times since the operation. The relief continues, although she has taxed her energies far more severely than she ought to have done. She looks forward now to a comparatively comfortable old age.

I should have mentioned in its proper connexion, the fact that for some months before the operation she had ceased to menstruate. Two or three weeks after the second operation she menstruated naturally, and has done so several times since.

I have reported this case, as I do not remember to have noticed an account of this operation for this distressing condition in any of our journals. It is also spoken of by Dr. Churchill as rather rare. I send it to your excellent journal in hopes that from it some professional brother may receive a hint that shall enable him to relieve some great sufferer. And as Dr. Churchill speaks of three sutures being sufficient in the operation, I cannot refrain from warning any one who attempts the operation not to trust to so few. I am sure the completeness of the success depends largely upon the number of the sutures, and the care with which the edges are coaptated.

July 10, 1862.

CASES

TO SERVE IN THE HISTORY OF THE RELATION WHICH EXISTS BETWEEN

PUERPERAL FEVER AND EPIDEMIC ERYSIPELAS.

By M. PIHAN-DUFEILLAY,

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[Translated from the French of the Union Medicale, by Dr. P. F. C. Deslandes, of New York.]

"I HAVE said that I did not consider it impossible in an epidemic for puerperal fever and surgical fever to be caught spontaneously and without previous lesion, like other specific diseases which form the third class of these affections." —(*M. Trousseau, Discussion at the Academy of Medicine, on Puerperal Fever, Session of the* 14*th of May*, 1858.) Now, among the diseases which compose this third category, Professor Trousseau, from whom we borrow these words, places erysipelas, the intimate relation of which with puerperal diseases he has more than once had the opportunity of appreciating. This view of erysipelas, and this bringing under one and the same etiology two affections whose appearances are so contrary, which rage under such peculiar circumstances, and whose predominant symptoms seem so distinct, is not yet adopted by the majority of physicians. Trusting to differences which are perhaps more specious than real, they refuse to admit the identity of the origin of puerperal fever and certain epidemics of erysipelas, and to-day the majority of pathologists consider still these two manifestations of one and the same cause as two peculiar marked species, the admixture and community of origin of which they deny. This line of demarcation which they try to maintain between traumatic erysipelas, which devastates surgical wards, and puerperal fever which devastates *maternités*, must still more separate epidemics of puerperal fever from epidemics of erysipelas, making its appearance in vigorous subjects, enjoying perfect health, and to which the name of spontaneous may be given in opposition to the preceding. The condition inherent to delivery, the modifications which women undergo during parturition, the peculiar characteristics which distinguish puerperal fever, are as many reasons which appear sufficient to deny any resemblance between the two diseases which appear, the one in the circumstances we have just observed, the other in subjects placed in quite opposite conditions, and with symptoms peculiar to it, and not less constant than those of the preceding. There are, however, circumstances in which we see those two diseases come near to each other, in which the morbid phenomena are confounded, and the same miasma, the same cause seems to engender two manifestations identical in their nature and their general symptoms, manifestations which differ only in certain of their secondary characteristics, and in which it is difficult not to recognise at least the community of origin.

But if the question of identity gives still rise to so much opposition, it is not so with that of coincidence, which is now solved for the majority of surgeons.

For them it is evident that under the influence of special atmospheric conditions or any other general unknown cause, there appear at the same time epidemics of puerperal fever in the *maternités*, and epidemics of erysipelas in surgical wards (see the curious thesis of M. Mason, Paris, 1849).

The simultaneousness of the apparition, the march and development of these two diseases, if it was only met rarely, might pass for a simple and singular coincidence; but its constancy gives it quite another value, and leads naturally to admit the existence of one and the same cause, the effects of which, however, are modified by conditions peculiar to the subjects submitted to their action. In this hypothesis, two diseases, apparently very distinct, would recognise one and the same origin, would consequently be of the same nature, would offer the same general symptoms, and differ only by secondary lesions and phenomena; these, in proportion to their intensity and the reactions which are proper to them, modify the aspect of the disease, mask partly its essential general character, which remains unperceived or mistaken, and lead to the division into two distinct nosological families, of two diseases, which are the oftener but two varieties, or at most two species of the same genus. This separating two diseases of the same kind is a result of that analysis of the least details in which, for long years, physicians have sought for a guide to nosology and treatment. To-day taking advantage of the knowledge our epoch has derived from this mode of study, and this exaggerated subdivision, we must try to collect what our predecessors had been obliged to separate, and make the synthesis of all the morbid varieties they have taught us to recognise. It is for this purpose that we shall mention here the most curious facts of an epidemic of erysipelas, which attacked women in perfect health, almost immediately after their passage into a room infected by puerperal fever.

During the second half of January and the first half of February of this year, puerperal fever raged with an extreme violence in the lying-in wards of the Hospital St.

Louis. This service presents, however, excellent hygienic conditions; repaired a short time ago, it is well aired, having numerous windows to the north, the south, and east, isolated from the other buildings, and composed mostly of separate rooms containing only two beds each; the space reserved to each patient is more than sufficient to prevent any crowding. However, the epidemic made such progress that Dr. Hardy was obliged to interdict the admission of any new women. A good many of those already confined in the ward died, and a few were able to leave after some slight symptoms. In a word, the service was evacuated in a few days, with the exception of six women still suffering from serious puerperal symptoms, and who were placed in the small rooms, while the ward underwent cleaning, and the bedding was partly changed. This took place from the 20th to the 25th of February. The large number of women in labor who daily come to the Hospital St. Louis were permitted to close the *service d'accouchements.* M. Hardy had the fortunate idea to give to the lying-in-women one of his rooms usually destined for women affected with diseases of the skin, and situated in a part of the hospital remote from the pavilion of the *maternité.* The latter having been dried for a few days, thirty-two patients affected with diverse skin disease were transferred in it from the 8th to the 12th of March, and as their removal took place from the Salle Henri IV. to the Salle St. Ferdinand, they were replaced by lying-in women who came from the outside. These filled the thirty-two vacant beds at Henri IV., from the 4th to the 11th of March, and notwithstanding the apparently unfavorable conditions of this new ward, low room, with stone ceiling, dark, badly aired, almost entirely deprived of isolation, the epidemic was cut short in its march. While a few days before almost all the lying-in women were attacked at St. Ferdinand, many died, and those who survived had a long and painful convalescence after labor. The subjects admitted at Henri IV. experienced no accidents of any kind. Their labor was natural, and it was only a month later that for the first time in that room, two lying-in women died. They had successively occupied the same bed, and both had been submitted, the first in town, before their admission, and the other in the Hospital, to painful obstetrical manipulations.

But at the same time that the sudden and complete cessation of an epidemic extremely intense marked the passage of the women delivered into the salle Henri IV., the removal into the ward infected by the miasma of puerperal fever of the women affected with diseases of the skin, was becoming the origin of a grave epidemic of erysipelas, which may well be called spontaneous; it attacked indifferently all subjects, whatever their strength, energy, and power of resistance, the previous condition of their health, the nature of the cutaneous disease which had brought them to the hospital, roseola, syphilitic papula, accidental erythema, herpes circinnatus, etc.

The diseases had not the same gravity in all cases, or at least the erysipelas did not manifest itself in all the patients with the same degree of intensity. As in the most part of epidemics, the first attacked presented the gravest symptoms. We will therefore confine ourselves to relate the history of the three first subjects in whom the affection developed itself with an extreme vigor, adding that the other cases of erysipelas we observed, apart from their intensity and duration, presented the same characteristics, the same march of the eruption, and the same symptoms.

Case I.—The first case we shall mention is that of a woman, twenty years old, under treatment in the salle Henri IV. for discrete syphilitic papulæ, and who was transferred, a few days before her cure was complete, to No. 10 of the salle St. Ferdinand. This woman enjoyed at that time very good health; was possessed of a robust appetite, and put under a mercurial treatment, which, notwithstanding its short duration, had produced a very marked amelioration. To all appearances she might have left the hospital in a few days, perfectly cured of the disease which had brought her there. The mucous membrane of the mouth had undergone no alteration under the influence of the specific medication administered by M. Hardy, with great prudence; the voice was clear, and its tone normal. The patient who had only incipient secondary symptoms did not complain of any pain either in the pharynx, the larynx, or velum palati. The last menstrual period had made its appearance normally, and the flow of blood had ceased for eight days.

It was in these conditions that this woman left the salle Henri IV. where, at that time, there existed no germ of erysipelas, to pass into the salle St. Ferdinand, seven days after the evacuation of that room by the lying-in women.

During the first days of her sojourn there nothing abnormal made its appearance; it was only the fifth day (17th of March) that she felt a slight chill with malaise, extreme lassitude, cephalalgia, and intense fever. This attack, which nothing explained, ended on the morning of the 17th, and we thought we had had to deal only with an ephemeral fever without any gravity, when a second attack more violent than the first supervened in the evening, presenting amongst other peculiarities a well marked and well localized pain in the cervical and sub-maxillary ganglions. An attentive examination of the different organs revealed to us no lesion that might explain this fever, and we were reduced to suppose they were intermittent attacks, reserving the diagnosis as regards an erysipelas which the pain on pressure led us to fear as well as the *empâtement* and tumefaction of the sub-maxillary ganglions.

The next day (19th) our fears were confirmed, and we saw an erysipelatous redness, developed during the night, occupying all the root of the nose, and extending towards the forehead.

The day passed without anything peculiar; the patient was rather depressed, the pulse was at 110, some diarrhœa had supervened during the day, the erysipelas extended.

The night of the 19th to the 20th was painful; the patient became delirious, and the 21st in the morning presented the following appearance: The face, ears, and a great portion of the scalp, were affected with erysipelas; the tumefaction was enormous. Notwithstanding the few cerebral symptoms which we have mentioned, and which, in subacute affections, coincide most generally with constipation, the diarrhœa had increased. The fæces were brownish, very liquid, of a fœtid odor. During the few hours' interval between the morning and evening visit, the patient fell into a state of prostration which made very rapid progress. The pulse was feeble, and disappeared under the pressure of the finger; presented some intermissions, and beat 120 pulsations a minute. The skin was dry and burning to the touch; the ganglions of the neck were very painful, swollen, and their development under the jaw prevented the patient from opening her mouth easily. The inflammation, seated on the cutaneous fold of the lips, had probably gained the mucous membrane; however it be, the patient complained of heat and dryness of the mouth, and of difficulty in swallowing; an examination showed the velum palati tumefied, and of a deep red; the tongue, red at the edges, was dry and rugose in the middle. No nausea, and the delirium of the night disappeared with the day.

On the 21st the prostration had increased, the night was calm and without delirium. The pulse, extremely weak and depressible was at 114, and more and more intermittent. The erysipelatous eruption remained stationary. The laryngo-pharyngeal pain had increased, and it was with extreme difficulty that the patient opened her mouth, and that we could ascertain the presence of a kind of whitish substance lining the back part of the mouth, without our being able to ascertain whether it was a pultaceous or diphtheritic membrane, or a simple concretion of mucus. No nausea, but the diarrhœa continued the same.

22.—The prostration was on the increase, the patient extremely feeble, with a complete resolution of the limbs; during the day the intellect was perfectly clear, notwithstanding a slight nocturnal sub-delirium; the answers were prompt and correct, but only by gestures or some sounds articulated with difficulty and very low. The laryngeal pain persisted. The erysipelas had ceased to extend, and the tumefaction of the parts first invaded was on the decrease. The pulse was at 130, with the same characteristics as the day before. To sum up; the inflammatory symptoms were decreasing whilst the general symptoms aggravated.

By the 22d, the desquamation had begun; the diarrhœa was very intense. The mouth, opened with much pain, showed the same alterations already mentioned of the mucous membrane of the velum palati. The white coating persisted, but seemed soft and pultaceous; the tongue was dry and rugose, covered with a rather shiny coat. The respiration was frequent, but neither whistling nor laryngeal; however, the patient suffered from a real and fatiguing dyspnœa, although the respiration and expiration were free; the thoracic organs revealed no morbid symptom. The abdomen was rather tumefied and painful on pressure; the pulse was hardly perceptible, and its beats could hardly be counted.

These symptoms aggravated rapidly; in the evening we found them present as in the morning, but intenser; the intellect was unimpaired. Patient died in the night of the 23d to the 24th of March.

Post-mortem, made thirty-four hours after death.—*Rigor mortis* completely absent, notwithstanding a cold temperature. The opening of the cranium revealed a rather small congestion of the venous plexus, and of the vessels that surrounded the cerebral mass; no obstruction of the sinuses; the membranes were normal; the encephalic mass had its usual consistency presenting — some congestive marks. The thoracic organs were perfectly healthy (heart, lungs, pleural cavity). On opening the abdomen we found the peritoneum slightly injected; the portion of serous membrane which lines the pelvis and is reflected on the anterior abdominal parietes presented numerous vascular striæ. The liver, kidneys, and uterus were healthy. The spleen was very voluminous, and its tissue softer. The intestinal tube was quite intact; the small and the large intestine presented neither redness, nor vascularities, nor ulcerations. The mucous membrane of the mouth was normal, except on the uvula and the anterior pillars of the velum palati, where there was a little œdema. The tonsils were not enlarged. The larynx was removed with the trachea and the œsophagus. The latter was healthy. As to the larynx, it offered a very superficial exulceration of the two superior vocal cords; the bottom was reddish, and the edges formed insensibly a continuation of the congested mucous membrane. The aryteno-epiglottic ligaments were entirely destroyed and reduced to a greyish putrilage. The lesion was limited to the mucous membrane, and had not reached the cartilages below which it stretches. Lastly, the blood was dark, coagulated in soft clots which easily fell in deliquium.

To the first case we shall add two others whose symptoms were almost as serious, although they ended favorably; we will only record their principal features, not to tire the reader with useless details.

(*To be Continued.*)

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INSANITY FOLLOWING INJURY OF HEAD.

OPERATION.—DEATH.

By JNO. B. CHAPIN, M.D.;

BRIGHAM HALL, CANANDAIGUA, N. Y.

B., aged 24, farmer, was admitted July 27, 1860. At the age of fourteen he received a kick from a horse, producing a compound fracture of frontal bone. Some loose fragments were removed. There remained, however, a depression of bone, visible to the eye, running in direction of a line from right frontal eminence to left superciliary ridge, deep enough to receive a finger. The remote effect of the injury was to produce an alteration in character of patient. He became irritable, excitable, and eccentric. He used tobacco to excess, and occasionally drank to intoxication. Notwithstanding his affliction, he was a person of fair capacity, and performed his duties intelligently.

Eight years ago he had an attack of insanity, lasting six weeks. Two years ago he had a second attack, lasting a few weeks. Present attack commenced three weeks prior to admission, since which time patient has been in a state of excitement, sleeplessness, disposed to wander from home during the day and night with no apparent object.

After admission of patient he continued in much the same state; declaimed in a loud and turbulent manner; had delusions of a religious character; was noisy at night. There was no considerable disturbance of physical health. The circulation was irregular, and during paroxysms of excitement face became congested. The form of disease was that usually described as paroxysmal mania.

Under the quiet of the house, and with the use of anodynes (hyoscyamus and warm bath), patient became calm, improved in physical health, slept well, and conversed properly and rationally.

On the 19th of October he was removed for the purpose of having an operation, which had been determined upon by the friends, performed with a hope of permanent improvement or relief.

A brother, a physician, informed us by letter that the operation of trephining was performed over the depression. The membranes were attached by firm adhesions to the depressed bone. Reaction was not established until three days after, when it appeared suddenly and violently, lasting twenty-four hours, during which time patient could not be kept in bed, but walked about the house. He passed into a comatose condition, and died five days after the operation. There was no post-mortem examination. The dura mater, which was thickened, was accidentally opened, and two or three ounces of effused fluid escaped.

Cases of this character are not of frequent occurrence, yet they are met with from time to time. We have at the present time under our care a case closely analogous to the one reported above in the location and extent of the injury. The patient has epileptiform convulsions; a propensity for intoxicating drink; a passionate, impulsive, and dangerous disposition. The propriety of an operation is a question of frequent recurrence with the friends of such patients, from the fact of their distressing condition, and that the cause of it is visible. In the case in question, and in similar instances, we should decide after answering two inquiries:—

First. Are the adhesions between the depressed bone and membranes so firm as to admit a separation only at serious risk of injury to them?

Second. Did the accident probably produce such extensive injury of the membranes, or brain substance, as to bring about a permanent alteration of the healthy condition of the circulation, or of the nutrition of the brain?

If these inquiries are settled affirmatively, while no improvement will follow an operation, the patient's life still will be jeopardized by the succeeding excitement and reaction which are among the hazards to be encountered.

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ROKITANSKY AND THE VIENNA SCHOOL.—For the last twenty-five years has Professor Rokitansky thrown brilliancy upon the Vienna school, by his well known pathological investigations. It would appear that the dead-house attached to the general hospital was quite inadequate to the Professor's labors; but, undismayed by this circumstance, Rokitansky has continued for many years to pursue his valuable researches. Government at last perceived that some improvement in the building just alluded to was imperatively called for, and a very appropriate house was ordered to be constructed. On the 25th ult., this was inaugurated with great pomp, Rokitansky being, of course, the cynosure of the ceremony. The subject of his speech was "Liberty in scientific researches." The Professor has lost none of his powers, and bids fair to render, for a long time to come, valuable services to medical science.—*Lancet.*

Reports of Hospitals.

HOSPITAL SHIP EUTERPE.

HOSPITAL CONSTRUCTION—FEVER OF THE PENINSULA—EFFECTS OF MINERAL WATERS.—AMPUTATIONS, ETC., ETC.

The numerous transport vessels in the employ of the Government and of the Sanitary Commission, are now all in active service, and are accomplishing the work of caring for the sick and wounded in a manner that does credit to all concerned. The numerous difficulties which were presented during the first part of the campaign are now being rapidly removed, and the whole is reduced to a system which allows for the greatest expedition in transportation and hospital provision. The vessels themselves have been greatly improved in construction; more care being taken against over-crowding and ill-ventilation than formerly. These improvements are such, however, as could only be taught by experience, and the hospital ships St. Mark and Euterpe can safely be said to represent the greatest advantages which are at present combined in any one of the vessels. The St. Mark being the first of these that was fitted out for the hospital service proper, the Euterpe is much more perfect in its detail arrangement. The middle deck is the only part of the ship which is fitted up into wards, and there are accommodations for about two hundred and fifty patients. The bunks are arranged on standees, after the manner of shelves, three deep, which arrangement is necessary in order to economize space. Besides these bunks, there are numerous iron cots intended for those severe cases which require extraordinary care in dressing, and which could not otherwise be well seen to. The ceiling is much higher than that of the St. Mark, and thorough ventilation is constantly kept up by tubular ventilators placed at suitable distances, and also by three or four large windsails. The water-closets are portable, and are so arranged that not the least effluvium escapes from them after they have been used. An operating table is also provided under the main hatch, but when in use is screened from the view of the patients in the vicinity by means of a curtain arrangement. Intended as it was for a floating hospital, nothing is wanting in its construction and adaptability to make it suit its purpose.

It is under the Medical directorship of Dr. J. King Merritt, with the following staff of surgeons:—Drs. George F. Shrady, Bradford L. B. Baylies, and J. B. Ponce De Leon.

The Euterpe left this city on the 3d of July last for Fortress Monroe, where she remained for a fortnight, and returned on the 22d inst., with two hundred and thirty sick and wounded.

The number of cases of fever was considerable, and afforded an opportunity for the study of some of its characters. Though resembling typhoid in its general phenomena, it is evidently an altogether different disease. It seems to partake of the malarial character entirely, and yields readily to quinine and stimulation. This fever, owing to the great amount of difference in opinion as to its precise character, has received a multitude of distinctive names. At first typhoid fever was the term used in preference to all others, and not a few are yet to be found who still hold to that opinion. Others rightly consider it malarial, while others still dodge between the two points of committal by calling it the "fever of exhaustion." This discrepancy of opinion, as regards the use of a particular name for a particular disease, is constantly seen in the most amusing light in the reports of different medical officers in the same localities. One believes in nothing but typhoid, another writes everything remittent, while another has opposite the name of his patient the strangely incomprehensible term, "fever of exhaustion." All, however, seem to agree in the matter of treatment, viz. quinine and stimulants, and as far as any practical result is concerned it matters but little, for the present, at least, what name the disease goes by. Post-mortem examinations in sufficient numbers are the only means which we will have of settling the question. The fever is peculiar in many respects, and as those peculiarities are more and more studied, so will the significance of each be determined. Until then, in order that there should be a degree of uniformity in the name, at the same time that the pathological character of disease be not expressed, the term "fever of the peninsula" seems open to the least objection. A calm and thorough investigation of the fever, by army officers, cannot be expected, considering the, so to speak, wholesale manner in which they are compelled to treat the disease; but as our metropolitan hospitals are being filled with it, and as the patients promise to be a sufficient length of time under observation, we may soon hope to receive for it a proper name.

In those cases on board the Euterpe, there was noticed a marked tendency to diarrhœa, the number of passages amounting in the average to five or six per diem; then besides this, there was present, in all the severe cases, a deep bronzed discoloration of the skin entirely distinct from the ordinary tan.

Then again, extreme lassitude was complained of; the nervous force seemed to be weighed down by the weight of the poison to such a degree as to render the person almost incapable of the slightest exertion. This element of the disease was graphically described by Dr. Cuyler, in an allusion to the case of one of our generals, who, when in health, was remarkable for his activity. The general, in describing his feelings to the doctor, said: "Doctor, I am very thirsty; I am almost dying with thirst; there is the water which has been within my reach this last half hour, and I have not had the energy to stretch out my hand to take it!" The diarrhœa was easily checked by mild astringents. Almost all the cases required quinine and stimulants.

At the suggestion of Dr. Hanbury Smith, a quantity of bottled Kissingen and Pyrmont water was taken from New York, the former to serve as a mild laxative, the latter as a vehicle for stimulants. Both these mineral waters were tried, and answered very well. Dr. Shrady, who used them most, expresses himself very well satisfied, especially with the Pyrmont. The stimulant, either whiskey or brandy, was quickly added in suitable quantity to the water, and the whole was taken during effervescence. The draught was very agreeable to most of the patients, and the carbonic acid which was given off, rendered it particularly grateful to those whose stomachs were irritable. Of course, the trial was not a sufficiently extended one to warrant a recommendation for universal adoption, but the temporary good effects are certainly good enough to call the attention of the profession to the point. The Kissingen, given early in the morning on an empty stomach, acted very kindly, and was used in all those cases requiring a laxative.

The wounds were various, both as regards their extent and situation; but most commonly they were confined to the lower extremities. It was rather remarkable to notice quite a number of cases, in which the ball entered the thigh about the junction of the middle and lower thirds, passing through the limb without injuring the femur, or any important blood-vessel. In two or three instances of this sort, both thighs were wounded in the same way. The wounds were nearly all made by the minié ball, and were slow to heal. There was the usual percentage of compound fractures of the thigh and leg.

Those patients who had suffered amputation of the thigh or leg were pretty badly off. In most cases, either there was an insufficiency of flap, or the granulating surfaces were covered with slough. Very few of the stumps looked shapely.

The City of Louisville, Ky., requires the Professors in the Medical College to take the oath of allegiance.

Reports of Societies.

MEDICAL AND SURGICAL SOCIETY.

DR. T. M. HALSTED IN THE CHAIR.

MEDICAL AND SURGICAL CASES.

Stated Meeting, May 4, 1861.

ACUTE CHOREA TREATED WITH WHISKEY.

Dr. Clark related a case of acute chorea which was interesting from the illustration it afforded of the good effects of what he believed to be an entirely novel treatment in that disease. A girl, sixteen years of age, was admitted recently to Bellevue Hospital suffering from an aggravated form of chorea of four weeks' duration. The convulsive movements were so violent and incessant that she had not slept for four or five nights previous to the admission. Dr. Clark having observed the sedative effects of whiskey administered in intoxicating doses in some cases of idiopathic tetanus, determined to try the same remedy in this case. He directed that half an ounce of whiskey should be given to the patient every half hour until intoxication was produced if necessary and sleep followed. After the third dose the girl slept half an hour, after the fourth dose she slept three hours, and from this time she slept well with doses repeated at longer intervals, and subsequently with the use of tonics has improved rapidly. There were no symptoms of heart disease in this case, and there had been no previous rheumatism of the joints.

RAPID ACCUMULATION IN HYDROCELE.

Dr. Post referred to a case of hydrocele which was remarkable for the large accumulation of fluid (eight ounces) that had taken place in three weeks. It was also somewhat peculiar in shape, its outer posterior diameter being greater than its supero-inferior. There was also a conical appendage in front extending towards the inguinal ring.

CEPHALIC VERSION IN BROW PRESENTATION.

Dr. Elliot, after alluding to the difficulty of cephalic version in cases of brow presentation, related a case which illustrated strikingly to his mind the difficulty of the operation. In this case he replaced the hand and arm, and succeeded with a single blade of the forceps conjoined with abdominal manipulation in converting it into a head presentation. On returning to the patient after a few hours, absence it was found that the head had slipped back, and the effort was again made by the vectis to bring down the occiput, but this time without success. Podalic version was then resorted to, the head resisting delivery either by manipulation or forceps; the labor was terminated by perforation, pulsation having ceased in the cord during arrest of the head.

Dr. Elliot alluded to a second case to which he was called soon after the last, where he found the head and arms in the vagina and the brow presenting. The child was dead. In this case he performed craniotomy, not being able to convert it into a head presentation.

Stated Meeting, May 18, 1861.

COMPOUND FRACTURE OF SKULL.

Dr. Allin related a case of fracture of the skull in a child one year old. The child fell from the mother's lap, producing a deep indentation near the right ear in the parietal bone. A severe convulsion occurred before the Doctor reached the child. An incision was made through the scalp over the seat of fracture, and an opening through the skull effected with a Hey's saw:—Some fragments were chipped off the edges of this opening with a probe so as to allow the introduction of a pair of forceps, by which the depressed portion of bone was raised. The child has since done well, there has been no return of convulsions.

RUPTURE OF UTERUS.

Dr. Elliot related a case of labor to which he had been called in consultation. The woman was pregnant with her eighth child. The presentation was normal, and the labor had progressed naturally until six hours previous to Dr. Elliot's arrival, when she complained of acute abdominal pain, and labor pains suddenly and entirely ceased. There was no nausea and no hæmorrhage. The child was dead, and the placenta detached, except at one point. Dr. Elliot delivered the child. No hæmorrhage followed: the uterus contracted well, and no laceration was detectible. Symptoms of peritonitis ensued with coffee-ground vomiting. She died on the third day. No autopsy was obtained. Dr. Elliot was sustained by the members of the society in the opinion that there had been a rupture of the uterus.

IMPERFORATE ANUS.

Dr. Post detailed a case of imperforate anus, in which he had been obliged to resort to the operation for making an artificial anus. The anus was perfect for half an inch. There had been vomiting of yellow matter previous to the operation, and the effort was first made to dissect through the septum and reach the distended gut from below. This failing, the descending colon was exposed in the left lumbar region behind the peritoneum. An opening was made into the gut, and the edges of the opening were attached by sutures to the skin. The meconium escaped freely for twenty-four hours after the operation. The following day erysipelas attacked the wound, extending to the genitals, also erysipelas of the face, and the child died.

ABSCESS OF LUMBAR REGION OPENING INTO BLADDER.

Dr. Post related also a case of abscess occurring in the lumbar region, and finally opening into the bladder. The woman was attacked some weeks since with violent pains in the right lumbar region, which were supposed to be due to the passage of a renal calculus; soon afterwards the side began to swell posteriorly and in front between the umbilicus and the ant. sup. spinous process. Suddenly the swelling subsided. Pus passed freely with the urine, and the patient is now doing well.

ANEURISM OF INTERNAL MAMMARY ARTERY.

Dr. Clark related the case of a man, æt. 45, who presented himself at the clinique four months since with a tumor in the left breast. The tumor was as large as his fist, hard, having a slight pulsation and a very feeble double murmur at the apex, and synchronous exactly with heart sounds. There was no expansive pulsation, and no pulsation between the tumor and the heart, or between the tumor and the subclavian. There was no fluctuation, but a broad base of dulness extending equally on all sides. It was supposed to be an accumulation of fluid between the pleura and ribs, or between adventitious pleuritic membranes and ribs. At the end of three weeks a conical tumor over the middle of the sternum, the tumor opened and discharged freely. The dulness was considerably diminished, but the pulsation remained, and the murmur continued. Now, after four months, during which pus has been discharged more or less freely, the distinctness of aneurismal disease of the internal mammary artery is clearly marked.

EXOSTOSIS OF DORSAL VERTEBRÆ—PRESSURE ON VESSELS, ETC.

Dr. Clark related also the case of a man who complained of pain under the first rib and clavicle of the left side, extending to the shoulder. After exertion he loses his voice. There is no pulse in the left radial nor in the subclavian outside the seat of pain. The veins of the shoulder and arm are varicose. There is no loss of sensation or motion. There is a prominence at seat of pain, hard and dull on percussion. The respiration as heard in the region of the tumor is half bronchial, and seems to be communicated. The tumor pulsates, or rather heaves; it has no expansible pulsation. Dr. Clark supposes the existence of an osseous growth from second dorsal vertebræ causing pressure on the vessels, and on inf. laryngeal nerve.

Dr. Parker alluded to a case of supposed aneurism of the int. mam. artery which was sent to this city from the country for consultation. It was finally determined to be aortic, and so proved at death. Dr. Parker also alluded to a case of excavation of the first rib, occurring in a young lady, sixteen years of age. It reached above the edge of the clavicle, and stretched over it to the artery, vein, and nerve. No interference was advised, and with the cessation of growth the tumor ceased to develop, and subsided so as to give no trouble.

Dr. Agnew related a case of subacute glaucoma in which he had performed Hancock's operation. The patient at the time of the operation could not distinguish a champagne glass. Twenty-four hours after the operation could distinguish a latch key, soon after a watch key, and at the end of a week could read ordinary type. At the New York Eye Infirmary Hancock's operation is preferred to Graefe's as avoiding deformity.

American Medical Times.

SATURDAY, AUGUST 2, 1862.

THE GRAND ARMY.

One year ago we placed at the head of an editorial article the phrase, "The Profession and the Crisis." The disastrous battle of Bull Run had just been fought, the public was in a state of nervous apprehension, and alarm filled every mind. We then took occasion to allude to the duties, obligations, and responsibilities of the medical profession, and endeavored to point out how its power to remedy some of the existing and prospective evils might be applied. From the prostration which followed that memorable battle the country gradually recovered, new armies were raised, equipped, and put in the field, surpassing in numbers, physical perfection, provisions, and every article necessary to the comfort and health of the individual soldier, any army of modern times. The nation took new courage, became proud of its military strength, and finally stood ready, not only to crush all domestic combinations against its authority, but to arbitrate diplomatic questions with foreign governments on the field of battle.

One year has passed—a year of battles, of victories, of marchings and countermarchings innumerable. The country has rung unceasingly with the clash of arms. But the year has closed, as it commenced, with a great crisis. The "Grand Army" on which rested the hopes of the nation, has met with a reverse more disheartening than the defeat at Bull Run. It has failed in every particular to accomplish its object, and now lies on the inhospitable banks of James River, weak, worn, and wasted, a mere remnant, watched over and protected from the rapacious enemy by an all-powerful fleet. Again the country is aroused by official proclamations, summoning it to make a fresh draft upon its life-blood.

The past year has necessarily been replete with valuable but dearly-bought experiences to us, an unmilitary people, and it would not a little strengthen our faith in the successful issue of this struggle, if the Government would profit by them. As we are now about to renew our armies, and commence a new campaign, the occasion is profitable to consider the causes of our disasters, and the remedy.

The secret of the failure of our armies is comprised in this single word—Sickness. Study the last campaign in whatever light we may, the inevitable conclusion is that our defeats are almost solely due to sickness. Of the entire army, one hundred regiments are to-day invalided, and this represents but a fraction of the actual reduction of its physical energy and strength. The campaign on the Peninsula is a striking example of the utter failure of a large and well appointed army to accomplish its purpose, when little or no regard is paid to the prevention of disease. Within the short space of three months it is estimated that 50,000 men were sent to the rear of the "Grand Army of the Potomac." During that time it was within twelve hours' sail of the Capital, and Commissary stores were in unlimited quantities, at the command of the proper officers. The army marched less than a hundred miles through a rich farming country, but long before it reached the point for effective operations the commanding officer was obliged to ask to have his army renewed. During this time there was no prevailing epidemic, or other disease which a careful attention to the simplest laws of hygiene would not in a great degree have prevented.

Let us notice some of the more palpable causes of weakness and disease:—The first cause of weakness is due to mustering into service of unfit persons. This has been done to a most dangerous extent. Boys and old men, men suffering from herniæ, varicose veins, chest and heart diseases, etc., often passed muster without a word of objection. There are many instances of persons joining the army because their diseases incapacitated them for active business. The blame here rests with the medical inspectors appointed by the State authorities. These inspectors were in some instances utterly unfit for such duty, being unqualified to make a proper medical inspection. At one of the most important recruiting stations in the country nearly every form of disability was overlooked. In other instances the inspectors, for the smallest bribes, passed men whom they knew to be unfit for the service. An army made up of such material has, within its very earliest organization, the seeds of disaster and ultimate failure. The army of the Potomac was composed of much of this material, which was not very apparent while in camp, and subjected to no other fatigue than the daily drill. But the first decided movement diminished the number of soldiers, but not the strength of the army, by thousands. This class of persons have also filled the hospitals throughout the entire season. The first exposure to the inclemencies of the weather and to fatigue, has invalided them for the period of their enlistment.

A second palpable cause of disease has been the unhealthy location and inadequate provision of camps. There is doubtless an occasional military necessity for the location of a camp on grounds unfit for the residence of man, but this is seldom, and almost never of long duration. And yet the army of the Potomac was scarcely ever on healthy grounds, though often in the immediate vicinity of healthy localities. When it broke camp in March the troops were marched rapidly to Manasses, thence back to the Potomac, upon the banks of which they lay for three weeks waiting for preparations for the expedition to be completed. During that time they were almost within sight of their comfortable but deserted tents, with no covering other than meagre shelter tents. As a consequence the hospitals of Alexandria and every available building were filled with soldiers suffering from rheumatism, pneumonia, pleurisy, etc. When at length the army moved to the Peninsula, the most unhealthy localities were selected. The extensive low grounds at the mouth of James river, that during the spring season are covered with pools of stagnant water, were occupied by the army. Here they remained for weeks with the same meagre tents, and the same result followed as at Alexandria. The hospitals were soon crowded with every form of disease dependent upon exposure; so excessive was the sickness that hospital tents in larger numbers were erected in the vicinity, and all were crowded. Here the Grand Army had its strength sadly reduced. Moving forward to the scene of its first operations the army sat down before Yorktown. Here the camping grounds were selected with no better care, and combined with this fertile source of disease was hard labor in the mud and cold. From this point the transports were busily engaged for weeks in conveying the sick away to distant hospitals. The depletion of the force here was so great as to excite apprehension that this army might not be able to cope with its adversary. After the evacuation of Yorktown, the army pressed on by hurried marches to the Chickahominy, where it again sat down in the very stench of malaria. The reduction of its numerical and physical strength now became frightful and alarming. It was rapidly melting away in the very face of the enemy beyond all power of recuperation. In the final struggle its commanding general required 50,000 more men than he had, but that precise number had been invalided from its ranks through gross neglect of their health and comfort.

A third cause of disease has been a disregard of camp police. Cleanliness of the grounds, and cleanliness of the person, have generally been most shamefully neglected, and the result has been diseases of the severest type. In vast numbers of regiments of the Grand Army, every form of nuisance has been allowed to accumulate on the ground and in and around the tents. In these regiments personal neatness was not even thought of. No trite apology of "military necessity" can excuse a neglect of cleanliness—the first element of health.

A fourth cause of disease has been improper and badly cooked food. The supply of food in the gross to the army has not, we believe, been deficient, except in extraordinary cases. Government has been lavish in this respect, and has not spared money to give a good supply of food. But she has allowed the most consummate knaves to make the purchases, and so fearfully have they imposed upon her confidence that the term Commissary is a by-word and a hissing in the army. Every article that could be adulterated, has been, so thoroughly, that of many articles the original cannot be detected by the senses. And yet for all these stores the Government has originally paid the highest market price. In regard to the cooking it is safe to say that the food could not well be made more unpalatable and indigestible. An hour spent at surgeon's call will convince any one of the truth of this statement; the greater number of those suffering slight indisposition complain that they "cannot keep the food on their stomachs."

These are some of the more prominent features of the medical history of the Grand Army, which our military authorities should study well before they enter on another campaign. It has very properly been suggested that the Medical Inspector should be chosen from the regular service. There can be no doubt of the necessity of this change. It will be seen that the chief causes of camp diseases are easily preventable; they grow out of the violation of some of the simplest laws of hygiene. Good camping ground can, with but an occasional exception, be selected without in the slightest degree interfering with the military plans of a commandant; tents and their necessary furniture may be preserved, as a general thing, if proper care is exercised. A disregard of camp police and personal cleanliness is an unjustifiable neglect of the plainest laws of health. The Army of the Potomac has some very marked illustrations of this fact. There are regiments which have preserved the most rigid discipline under the immediate inspection of their colonels, and the result has been that the numerical strength has been but slightly reduced by disease. In the matter of the supply of food a system should be adopted which would bring to the camp the best article in market. Cooks should be sent with the army, whose only duty is to attend to the care and preparation of the food.

We are aware that a warning voice from the medical department is more often disregarded than heeded, and yet it is the first duty of our authorities to seek its counsel. The medical history of the "Grand Army" embraces in truth all the causes, patent or concealed, of the failure of the last campaign throughout the entire country. That history it is not for us to write, but it should be written by the proper department and laid before Government. It would be a chart more valuable for the General-in-Chief in conducting the ensuing campaign, than are the maps of the coast survey to the commodore who endeavors to approach and reduce a southern seaboard town.

THE WEEK.

THE protective power of vaccination is still an unsettled question. Jenner declared that he had discovered a means of rendering the person protected by it *perfectly secure* through life from the infection of small-pox. The error is now palpable; but to what extent the vaccine is protective is undecided. In view of this doubt PROF. DICKSON, of Philadelphia, proposes both vaccination and inoculation in the same individual—The first being the most certain *modifier*, the second the more efficient *protective*. The failure to secure legal enactments to compel vaccination, he attributes to the opposition to innovation, and the want of confidence in the measures used. The latter objection, he thinks, would be overcome by the means proposed, and the former by the united effort of the medical profession. He says: "Let us, then, with energy, perseverance, and unanimity, recommend to all civilized governments the combined employment of these two safeguards. Let us procure that it shall be ordained, that every child shall undergo vaccination by some expert within a month after birth; that as soon as the constitution shall have gone through its influence, inoculation with variolous virus shall be performed; and that this latter operation shall be repeated again and again at brief intervals, until all reasonable satisfaction has been attained, of the entire eradication of the susceptibility to small-pox." It is encouraging to find so eminent a member of the profession pledging his efforts in behalf of compulsory protective measures against small-pox. If his earnest appeal were heeded, and the powerful influence of the profession concentrated upon this all-important object, scarcely a year would pass before the good fruits would appear. Prof. Dickson states that he has prepared a series of ordinances, but he refrains from presenting them, as the first step to action is a "careful and deliberate consultation as to the *modus operandi.*" We hope he will not let this matter rest here, but will organize a plan of action, and give it the sanction and force of his powerful influence.

At the outset of the War, we proposed that an appropriation should be made by Government of money for the purchase of artificial limbs for soldiers who have lost their arms and legs in service. This proposition has been entertained in Congressional circles, and it has been stated that an appropriation was actually made at the last session of Congress. Through what channel this fund is to be applied to its specific purpose we are not informed. We have recently called attention to the importance of sustaining by our patronage, those qualified members of the profession who devote themselves exclusively to the specialty of mechanical surgery. There are now thoroughly qualified medical men engaged in every branch of surgical mechanics; all real improvement must emanate from them. But every branch of this department of surgery has its pretenders, who have no shadow of claim to respectability. They hawk their wares about the streets as the merest matters of merchandise, endeavoring to attract attention by all the shallow devices of mountebanks. If Government place a fund at the disposal of any authority for the purchase of artificial limbs for soldiers, we hope no part of it will be diverted to the pockets of these arrant quacks. Pretensions of patriotism, and distressing sympathy for our brave volunteers, and similar appeals, should be regarded as *primâ facie* evidence of incompetency.

The recent act (on another page) abolishing the office of Brigade Surgeon is, we learn, not well received by this class of medical officers. The position which they have hitherto occupied has been dignified, and the duties for the most part administrative. Many have been made medical directors, others have been placed in charge of important hospitals, and still others have been appointed medical purveyors. The change in the law does not, we believe, contemplate any special change in the duties of the Brigade Surgeon. It merely removes him from the supposed necessary connexion with a brigade, and places him more immediately under the direction of the Surgeon-General. He now becomes a Surgeon of volunteers, an honorable rank, and one that entitles him to all the consideration which he enjoyed in his former position.

In the series of sanguinary battles before Richmond we have yet to learn that a single surgeon failed to do his duty. On the contrary, we have the most undoubted evidences of courage and heroism in the hour of greatest peril. Many continued their ministrations to the wounded under the hottest fire, and left them only after the most positive orders from superior officers. A large number volunteered to remain, and give themselves up as prisoners with their wounded, for the privilege of continuing their care of them. As soon as the army rested upon James river innumerable recommendations for promotion of officers of the line, commissioned and non-commissioned, for bravery, were sent to Washington, and promptly ordered. But no surgeon is allowed to receive higher rank for meritorious conduct; his rank remains stationary. This is not just; the country has the services of some of its best surgeons, and it should reward that courage and devotion, which are displayed in the care of the wounded, with promotion.

In another column will be found the correspondence elicited from the officers of the Army of the Potomac on the occasion of the retirement of Dr. Tripler from the office of Medical Director. From the battle of Bull Run, to the date of the order relieving him from duty, Dr. Tripler and his brother officers seem to have harmoniously labored together in perfecting the discipline, equipment, and general efficiency of that army, at one period so complete in all its appointments for active service. These testimonials are an honorable acknowledgment of the high regard entertained for him by his associates, and will prove as gratifying to the profession at large, as to the circle of his immediate friends.

Reviews.

On Military and Camp Hospitals, and the Health of Troops in the Field. By L. Baudens, Medical Inspector of the French Army, etc., etc. Translated and Annotated by Franklin B. Hough, M.D., late Sanitary Inspector in the Army of the Potomac. New York: Baillière Brothers, 1862, pp. 260.

The name of Baudens has long been familiar to the student of French surgical literature. Nearly every branch of practical surgery has been enlightened by his pen. During the latter portion of his life his attention was more particularly directed to military medicine and surgery, and not the least important of his writings are on this or on kindred subjects. For ten years he was Surgeon-in-Chief of the military hospital of Val-de-Grâce. During the Crimean war he was appointed Medical Inspector to the French Army, and the present work embraces the results of his labors in this great field of observation.

The work is divided into four parts and an appendix. Part I. relates to camps; Part II. to the field hospital and medical service; Part III. to the hospitals and their diseases; and Part IV. to the return of the army.

In each division the author enters at length into a discussion of the different topics which present themselves, and gives the valuable results of his observation and experience. The location of camps, their arrangement, etc., the management of the ambulance service and the surgery of the field and hospital; the location, ventilation, and management of permanent hospitals, with a full consideration of their diseases,—these subjects, covering the whole field of military medicine and surgery, are carefully reviewed. A mind of such practical experience as that of Baudens could not be directed to this subject without educing much that will prove of permanent value to military surgery.

The style of the work is rather that of the narrative, and is very agreeable. The translation is literal, but the original is not always exactly rendered, and the English composition is often defective. The work will, however, give great satisfaction to our army surgeons, as it is full of valuable instruction in matters which daily interest them. The notes by the translator are useful.

A Practical Treatise on the Diseases of the Heart and Great Vessels, including the Principles of Physical Diagnosis. By Walter Haynes Walsh, M.D. A new American, from the third revised and much enlarged London edition. Philadelphia; Blanchard & Lea, 1862, pp. 420.

This work is too well known to the American physician to require other notice than the announcement of a new and revised edition. The author thus sums up in his preface the improvements which have been made in this edition: "much new matter has been added, and the entire work in a measure remodelled. Numerous facts and discussions, more or less completely novel, will be found in the description of the principles of physical diagnosis; but the chief additions have been made in the practical portions of the book. Several affections, of which little or no account had been given in the previous editions, are now treated of in detail. Functional disorders of the heart, the frequency of which is almost rivalled by the misery they inflict, have been closely reconsidered; more especially an attempt has been made to render their essential nature clearer, and consequently their treatment more successful, by an analysis of their dynamic elements."

Correspondence.

IS IRIDECTOMY A NEW OR OLD OPERATION?

[To the Editor of the American Medical Times.]

Sir:—When I responded to the questions deferentially asked by Dr. O'Reilly in your issue of the 28th of June, I had no idea of entering into anything like a controversy. Dr. O'R. had, it seemed to me, candidly asked his questions—"with a view," I quote his own words, "to bring the subject under the discussion of persons more competent to do it justice" than himself. I considered it, therefore, due him, as well as of interest and profit to your readers generally, *to state the facts* on the most striking points of his queries. I must on this account the more regret that he should not have endeavored to understand me better before continuing to draw conclusions from erroneous premises.

The only rational basis of his communication of last week consists in the peculiar meaning he attaches to the two expressions "*uveal coat*" and "*optical purpose.*" If he were right in these definitions the question at issue would still admit of argument, but he does not understand or use the terms according to their scientific signification at the present day:—

First.—The uveal coat—Tunica uvea bulbi (Brüke) is the pigment stratum situated between the sclerotica and retina. It consists, therefore, *mainly of the pigment layer of the choroid*, though comprising besides this the corpus ciliare and the posterior surface of the iris.

Secondly.—The operation of iridectomy for an "*optical purpose*" can be executed in cases of *opacity of the cornea and of closure of the pupil*, in order to procure the rays of light the possibility of a contact with the retina. But (*a*) in glaucoma there always exists an enlarged pupil, and (*b*) in many cases of iritis with synechia and consecutive choroiditis, the pupil is not at all, or only partially, closed by exudations. In these cases it is obvious the patient would see, if the changes in the internal membrane did not impair vision: the operation is therefore not performed for an "*optical purpose*," but as there *exists* a pupil, the iridectomy has a *therapeutic object: it is performed in order to change the conditions of nutrition, circulation, and pressure, in the interior of the eye.*

With these two expressions rectified, Dr. O'Reilly's logic, as "having proved that inflammation of the uveal membrane and iritis is identical," etc., etc., etc., collapses. The objective settlement of the question with which he started, i. e. as to the antiquity of iridectomy, relieves me from further dispute with him on any score.

I have nothing to add, but that my first answer will give sufficient information on the subject in order to enable every *sensible* reader to judge himself about the *details* of the controversy.

Julius Homberger, M.D.

34 West 19th street.

SURGEON CHURCHILL OF THE 14TH REG. N. Y. V.

Utica, July 18, 1862.

[To the Editor of the American Medical Times.]

Sir:—I have noticed that in a recent No. of the Times giving a list of those Surgeons who so nobly permitted themselves to be taken prisoners rather than abandon their charge, the name of Alonzo Churchill, M.D., Surgeon of the 14th Reg. N. Y. S. V., is omitted. Will you please to correct the omission? Let the name of every man who has so nobly vindicated the honor, the dignity, and humanity of the profession be put on record.

Yours, etc.

C. B. Coventry, M.D.

FOREIGN CORRESPONDENCE.

LETTER VI.

HOSPITAL FOR SICK CHILDREN.

By PROF. CHARLES A. LEE.

London, July 1, 1862.

My stay in London has been longer than I expected, in consequence of the many attractions which the city presents to a foreigner at the present time, independent of the scientific and professional advantages which it always possesses over any other European city. Among these may be mentioned the anniversary meetings of the great benevolent, religious, and philanthropic societies of Great Britain, the great International Exhibition, the Social Congress, the "Congrès de Bienfaisance," the Show of the Royal Agricultural Society, etc., etc. All these have demanded more or less attention; but at the same time I have not been neglectful of those matters more especially interesting to medical men.

Calling to mind that beautiful description of the "*Hospital for Sick Children,*" by Dickens, in his "*Household Words*" (April, 1852), and which gave the first impulse to the establishment of a similar hospital in New York, I recently wended my way to 49 Great Ormond street, where the simple announcement that I was an American physician, procured me, as it has everywhere, all the attention and civilities I could possibly desire. However politicians may feel towards us, scientific and medical men everywhere hail us as brothers, and give us the heartiest greetings. Thus the Royal Society, the Ethnological, the Medico-Chirurgical, the Obstetrical, the Microscopic, the Pathological, etc., all throw open their doors to us, and invite us to participate in their proceedings. The London "*Hospital for Sick Children,*" the first one of the kind, so far as I know, established in England, was opened in 1852, its objects being to provide for the medical and surgical treatment of poor children, to further the attainment and diffusion of knowledge regarding the diseases of children, and to aid in the training of nurses for children. The two first of these objects have been thus far very successfully accomplished. Patients laboring under any disease except small-pox are received. In the first year over 1,250, including out-patients, were treated; the report of 1862 shows that 577 were cared for within the hospital, and 10,792 treated as out-patients. The charity is free from debt, and is supported entirely by voluntary annual subscriptions. It is a gratifying fact, that although when first opened, mothers viewed the institution with distrust, they are now so eager to place their little ones within its walls, that the matron is compelled to keep a long list of patients waiting for their turn for admission. Four years ago the large house adjoining was purchased, so that there are now over fifty beds, while there is ample room for the accommodation of the nurses, the medical staff, and the establishment of an infant nursery, in which young children are taken care of, for a trifling charge, while their mothers are at work. One object in the establishment of the hospital has not yet been attained, namely, the training of female nurses. The institution, however, has been made highly subservient to the advancement of our knowledge regarding the causes, pathology, and treatment of the diseases of children. A series of valuable lectures has been delivered by the medical officers, Drs. West and Jenner, during each winter, at the hospital, which have been well attended; and the well known able work of the former, on this class of diseases, has chiefly been the result of observations made in this institution. A "*Home*" has been established at Mitcham, and another at Brighton, for the convalescent children, auxiliary to the Child's Hospital, which are accomplishing great good. But notwithstanding the benefits resulting from this establishment, how inadequate is a single hospital of fifty-five beds, for the accommodation of the sick children of this vast metropolis! It doubtless relieves a large amount of human misery, saves many lives, and is a most valuable field for medical observation, and improving the treatment of the diseases of infancy and early childhood. But twenty such institutions are as much needed among this population of 4,000,000, as one. Although 88,969 out-patients and 2,274 in-patients were treated in the course of eight years, up to 1858, and a still larger number in proportion within the last four years, these numbers are but a tithe of the poor sick children who have perished during the same periods in this city, for the want of such care and medical aid as this asylum furnishes.

I have stated that this was the first hospital of the kind opened in Great Britain. Since then similar hospitals have been opened in Edinburgh, Liverpool, Birmingham, and other places in the kingdom; and well may they be multiplied, when we reflect that in every 50,000 persons dying yearly in England, 21,000 of them are children under ten years of age! Many essays have been written on the causes of excessive infant mortality, and great stress been laid very justly on impure air, want of proper ventilation, unhealthy food, neglect of cleanliness, etc., but too little has been said in regard to the ignorance of mothers, not only as respects the laws and conditions of health, but everything relating to nursing, and the proper management of their children when sick. Would one-half of our population perish in infancy and childhood, were parents but even partially acquainted with the laws and facts of sanitary science? It is in vain that medical science has advanced, that vaccination has been discovered, that the conditions of health are so much better understood by the faculty than they formerly were. So long as the natural guardians of the young know next to nothing of the causes of disease or the proper nursing of the sick, so long we may expect infant mortality to remain about the same, and we know it has not diminished two per cent. for the last fifty years, and has even increased in our large cities.

Children's hospitals have now been established with success in nearly twenty of the chief cities of Europe, and it has been found that they are more important to the poor as a class, than even general hospitals. The proper care of sick children requires special arrangements, and those can only be found, at least for the poor, in properly constructed hospitals. I say nothing of the tact, experience, and skill, required in the successful treatment of the diseases of young children; though no one can doubt that when studied as a specialty, this class of affections is much more successfully managed than when treated as they usually are. Dickens has very truly observed that the deaths of children are against the laws of nature; and that not against passive laws, but against the striving of every secret and mysterious power bestowed on the human baby to prevent them. What terrible abuses then must exist to cause such excessive mortality! I looked with more pleasure upon the large and pleasant rooms of this hospital, and the well cared for little patients, than any similar institution that I have ever visited. There was perfect order and neatness everywhere; thorough system in everything; the most assiduous and careful nursing; the highest medical skill always at hand; complete ventilation; pleasant sights and sounds; a beautiful garden in the rear of the dwelling; cheerful, happy faces everywhere; no wonder, that this hospital has the queen for its patron, and noblemen for its officers and board of managers.

I have singled out this establishment for particular notice, because I am satisfied from long experience and observation among the poor of New York, that several such asylums are much needed in that city. *One* children's hospital cannot supply accommodation for one-tenth or twentieth of the number that ought to be sent to such institutions. Of the tens of thousands of children treated annually by the physicians of our different dispensaries, how many more might be saved that now perish, had they the kind care and attentive nursing which would be extended to them in well managed hospitals!

Army Medical Intelligence.

CORRESPONDENCE ON THE OCCASION OF DR. TRIPLER'S WITHDRAWAL FROM THE ARMY OF THE POTOMAC.

Headquarters Army of the Potomac,
Camp near Harrison's Landing, July 4th, 1862.

Special Orders.

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3. Assistant Surgeon Jonathan Letterman, U. S. Army, having reported at these head-quarters, is announced as Medical Director of the Army of the Potomac, and will relieve Surgeon Charles J. Tripler, U. S. Army, who will proceed as directed by paragraph six of special orders, No. 142, of the 23d ultimo, from the War Department, Adjutant General's office. In carrying out the provisions of this order, the General Commanding cannot omit the expression of the high appreciation in which he holds the services rendered to this army by Surgeon Tripler, and of his thanks for the zeal, energy, and ability displayed by that officer in the discharge of the arduous and responsible duties of his position.

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By command of Major-Gen'l M'Clellan.
S. Williams, Asst. Adjt. Gen.

Headquarters of the Army of the Potomac,
Harrison's Bar, July 4th, 1862.

Surgeon C. J. Tripler:—My Dear Sir:—It was with much regret and surprise that I learned you had been relieved from duty with this army, and this regret is not diminished now that the hour for your departure has arrived.

It is but a matter of duty that I should express to you my entire satisfaction with the manner in which your arduous and most important duties have been performed.

I am satisfied that every arrangement possible, under the circumstances, has been made to insure the comfort, safety, and recovery of the sick and wounded of this army; I doubt much whether any army, situated as this has been, was ever as well taken care of in these respects. I am confident also that such is the feeling of the great mass of those interested, viz. the men themselves.

I know that everything possible has been done to insure the prompt care of the wounded on the field, and their rapid and comfortable removal to the rear.

I regret to learn that some accusations have been made against you of cruelty to the sick and wounded of certain states. This charge is simply absurd, for the reason that the nature and extent of your duties rendered it impossible for you to be brought into personal contact with individual sick, or to know any distinction of states.

Regretting much that there can have been on the minds of any an impression so unfounded as that the performance of your duties has been otherwise than most creditable to yourself, and beneficial to the service,

I am, my dear sir, ever
Your sincere friend,
Geo. B. M'Clellan,
Maj.-Gen. Commanding.

Army of the Potomac,
James River, July 4th, 1862.

To Surgeon C. J. Tripler, U. S. Army:—Dear Sir:—The undersigned, officers on duty at the Head-quarters of the Army of the Potomac, desire to express to you their unfeigned regret at your separation from this army.

You were named to the office of Medical Director of the Army of the Potomac at its organization, and we bear voluntary testimony, that from that time to the present, in camp and in the field, you have displayed unremitting attention, untiring zeal, and great efficiency in making your department sufficient for the care of the vast numbers of sick and wounded which have come under your charge—and that you have done this in such a manner as to make efficient and humane provision for our suffering fellow soldiers, with the least embarrassment to the military operations of the army.

Accept, Doctor, our warmest wishes for your future welfare and happiness, and believe we shall always be deeply interested in both. With the highest consideration and respect, we remain, very truly, your friends, J. G. Barnard, Brig.-Gen. and Chief Eng., A. P.; J. Williams, Brig. Gen., Asst. Adjt.-Gen.; J. B. Sacket, Inspector-Gen. U. S. A.; G. C. Haller, Maj. 7th Inf, Comd't Gen. Head-quarters; C. P. Kingsbury, Col., Chief of Ord., A. P.; Henry J. Hunt, Col. and A. D. C., Chief Reserve Art.; A. Porter, Brig.-Gen. and Prov. Mar., A. P.; William F. Barry, Brig.-Gen., Chief of Artillery; H. F. Clarke, Col. A. D. C. and C. I.; A. A. Humphreys, Brig.-Gen. Vols., Chief of Top. Eng.; Edward H. Wright, Col. and A. D. C.; Thomas M. Key, Col. and A. D. C.; A. V. Colburn, Asst. Adjt.-Gen.; Jas. A. Hardie, Lt.-Col., A. D. C.; Edw. McK. Hudson, Lt.-Col., A. D. C.; H. Hammerstein, Major, A. D. C.; Rich'd B. Irwin, Capt., A. D. C.; Arthur M'Clellan, Capt. and A. D. C.; Albert J. Myer, Signal Officer, U. S. A.; Alex. J. Webb, Major, R. I. A., Capt. U. S. A.; N. H. Davis, Asst. Inspec.-Gen., U. S. A.; Wm. T. Biddle, Capt. and A. D. C.; Edward A. Raymond, Capt. and A. D. C.; William W. Russell, Maj., U. S. M. Corps; A. G. Verplanck, Lieut. and A. D. C.; Norman J. Hall, 1st Lieut. 5th Art., Asst. to Chief Eng.; Henry L. Abbot, Captain, Top. Engineers; D. P. Woodbury, Brig.-Gen. Vols.; W. H. Wood, Major, 17th U. S. Inf.; Stewart Van Vleit, Brig.-Gen. and Chief Q. M.; W. F. Gentry, Capt., 17th Inf.; John B. Howard, 1st Lieut., A. Q. M.

Many other gentlemen were anxious of signing their names to this paper, but were prevented by absence on duty and sickness.

AN ACT PROVIDING ADDITIONAL SURGEONS FOR THE ARMY, AND REGULATING BRIGADE SURGEONS.

The following is an abstract of an act to provide for additional medical officers of the volunteer service:

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That there shall be appointed by the President, by and with the advice and consent of the Senate, forty Surgeons and one hundred and twenty Assistant Surgeons of volunteers, who shall have the rank, pay, and emoluments of officers of corresponding grades in the regular army; *Provided*, That no one shall be appointed to any position under this act unless he shall previously have been examined by a Board of medical officers, to be appointed by the Secretary of War, and that vacancies in the grade of Surgeon shall be filled by selection from the grade of Assistant Surgeon on the ground of merit only: *And provided further*, That this act shall continue in force only during the existence of the present rebellion.

Sec. 2. *And be it further enacted*, That from and after the passage of this act Brigade Surgeons shall be known and designated as Surgeons of volunteers, and shall be attached to the general medical staff under the direction of the Surgeon-General; and hereafter such appointments for the medical service of the army shall be appointed surgeons of volunteers.

Sec. 3. *And be it further enacted*, That instead of "one Assistant Surgeon," as provided by the second section of the act of July 22, 1861, each regiment of volunteers in the service of the United States shall have two Assistant Surgeons.

Approved July 2, 1862.

Under the provisions of the foregoing act approved July 2, 1862, the Brigade Surgeons already appointed are transferred, according to their present rank, to the Corps of Volunteer Surgeons, which will accordingly consist of those officers, and of the forty provided for by the act.

The Surgeon-General will appoint a Board to examine such persons as may be authorized by the Secretary of War to present themselves before it as candidates for the forty vacancies in the grade of Surgeon, and one hundred and twenty in that of Assistant Surgeon.

Applications for the appointments will be made to the Adjutant-General of the Army, in the handwriting of the applicant, accompanied by one or more testimonials from respectable persons in regard to moral character.

The Board of Examiners will determine whether the candidate be fit for the position of Surgeon or Assistant Surgeon; but no one under thirty years of age will be appointed to the former grade, or under twenty-one years, to the latter grade.

After all the vacancies have been filled in the manner here prescribed, future examinations will be for the grade of Assistant Surgeons only; and vacancies which may happen in the grade of Surgeon, will be filled by the appointment of Assistant Surgeons who shall have shown themselves worthy of promotion by a faithful performance of duty and general good conduct.

By order of the Secretary of War.

L. THOMAS, Adjutant-General.

Medical News.

Surgeons who Voluntarily Remained in Richmond with the Wounded.—Pursuant to a call a meeting was held of the Union Surgeons now in the Confederate State Prison. On motion, Dr. M. S. Kittenger was elected Chairman, and Dr. J. P. Seely Secretary. The Chairman stated that a notification had been received from the Confederate authorities that all the Surgeons now prisoners were this day free to return home. In a few brief and eloquent words he mentioned the fact that, in this building alone, there were nearly 1,500 of our wounded or sick officers and soldiers, and altogether, probably, in Richmond, 3,000.

On motion, it was resolved that all those Surgeons who volunteer to remain, and extend their professional services to our sick and wounded, do now signify the same. Whereupon the following gentlemen volunteered to remain: N. F. Marsh, Surgeon Fourth Pennsylvania Cavalry; Alex. A. Edminston, Assistant Surgeon Eighteenth New York Volunteers; James W. Powell, Surgeon in charge Hooker's Division Hospital; George McAllister, Assistant Surgeon Seventy-first New York Volunteers; James S. de Bieneville, Surgeon Eleventh Pennsylvania Reserve; M. S. Kittenger, Surgeon One Hundredth New York Volunteers; T. P. Seely, Acting Assistant Surgeon Sixteenth Michigan (Stockton's).

The following assignments have been made of medical officers: Medical Inspectors Perley and Cooledge to duty in the Surgeon-General's office and in the Military District of Washington; Medical Inspectors Cuyler, Keeney, Lyman, and Allen, to report in person to the Assistant Surgeon-General in St. Louis, for duty in the department of the Mississippi. Medical Inspector Mussey and Assistant Surgeon Parry to report to General McClellan in the Army of the Potomac.

DEATHS.

MARSHALL.—In this city on Friday July 25th, G. C. MARSHALL, M.D., Surgeon to Berdan's Sharpshooters.

TO CORRESPONDENTS.

We are in constant receipt of letters from Correspondents in various parts of the country, who are desirous of entering the Army, inquiring as to the proper steps to take. A Surgeon may enter the service:—

1. As Surgeon, after passing an examination before the Army Examining Board at Washington; the Secretary of War gives permission to go before that Board, and to him the applicant must apply with testimonials of character.
2. As Assistant Surgeon, same conditions as above given.
3. As Brigade Surgeon, same conditions as above given.
4. As Contract Surgeon, after passing an Examining Board, one of which is located in this city; permission to go before it being obtained from Dr. Satterlee of this city. The Contract Surgeon is entitled to $100 per month if located in a hospital, and to $125 per month if sent to the field.
5. As Regimental Surgeon, by passing a State Board of Examiners, the appointment being made by the State authorities.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 20th day of July to the 27th day of July, 1862.

Deaths.—Men, 72; women, 69; boys, 189; girls, 169—total, 499. Adults, 141; children, 358; males, 261; females, 238; colored, 4. Infants under two years of age, 287. Children reported of native parents, 44; foreign, 281.

Among the causes of death we notice:—Apoplexy, 6; infantile convulsions, 35; croup, 2; diphtheria, 9; scarlet fever, 17; typhus and typhoid fevers, 9; consumption, 62; small-pox, 2; measles, 4; dropsy of head, 18; infantile marasmus, 40; cholera infantum, 102; inflammation of brain, 12; of bowels, 11; of lungs, 15; bronchitis, 4; congestion of brain, 5; of lungs, 4; erysipelas, 0; diarrhœa and dysentery, 28. 300 deaths occurred from acute disease, and 35 from violent causes. 381 were native, and 118 foreign; of whom 59 came from Ireland; 45 died in the City Charities; of whom 9 were in the Bellevue Hospital, and 4 died in the Emigrant Institution.

Abstract of the Atmospherical Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

July 1862	Barometer.		Temperature.			Difference of dry and wet bulb. Thrm.		Wind.	Mean amount of cloud.	Humidity Sat'tion, 1000
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	In.	In.	°	°	°	°	°			
20th.	29.80	.24	65	55	75	6	12	W. to S.E	6	637
21st.	29.83	.20	64	56	71	5	7	N.E.	10	718
22d.	29.98	.17	65	56	73	8	18	N.E.	6	560
23d.	29 87	.21	64	58	70	5	10	N.E.	10	718
24th.	29.80	.10	66	63	70	8	6	E.	10	811
25th.	29 82	.04	73	68	82	8	14	N. to S.	4	580
26th.	29.93	.14	75	66	84	8	18	N. to S.	4	582

REMARKS.—20th, Cloudy P.M., with light rain. 21st, Cloudy all day, with light rain P.M. 22d, Variable. 23d, Cloudy; light rain P.M. 24th, Cloudy; light rain A.M. and P.M. 25th, Sultry, clear P.M. 26th, Sultry; thunder storm after 6½ P.M. during which one inch of rain fell; total fall for the week one and one-quarter inches.

Lectures on Ophthalmic Surgery.—

DR. HOMBERGER will begin his Course on the *Practice and Theory of Operations on the Eye*, on Tuesday the 5th of August, at 8 o'clock P.M., at the Eastern Dispensary, corner Grand and Essex Streets.

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To the Medical Profession.—Dr. I.

Parigot has changed his residence and is prepared to receive a very limited number of patients in his country house at Hastings, on the Hudson; he can be consulted in town at Dr. Douglas' Office, No. 12 Clinton Place, on Tuesdays and Saturdays, for Nervous Diseases and Medico-Legal questions.

Wm. H. Davol, M.D., late Physician

to L. I. College Hospital, Brooklyn, removed to St. Paul, Minn.

References.—C. L. Mitchell, M.D., T. L. Mason, M.D., Prof. E. N. Chapman, M.D., of Brooklyn; Prof. Austin Flint, M.D., Prof. B. F. Barker, M.D., of New York.

New York Medical College and

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The next Annual Course of Lectures will commence on Monday, October 20, 1862, and will terminate in the early part of March, 1863.

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CHARLES A. BUDD., M.D., Professor of the Theory and Practice of Midwifery.
A. JACOBI, M.D., Professor of Infantile Pathology and Therapeutics.
E. NOEGGERATH, M.D., Professor of Clinical Midwifery and Diseases of Women
J. V. C. SMITH, M.D., Professor of Anatomy.
WM. F. HOLCOMB, M.D., Professor of Ophthalmic and Aural Surgery.
SAMUEL R. PERCY, M.D., Professor of Materia Medica and Therapeutics.
HENRY G. COX, M.D., Professor of Theory and Practice and Clinical Medicine.
CHARLES A. SEELY, Professor of Chemistry and Toxicology.
HON. JOHN H. ANTHON, A.M., Professor of Medical Jurisprudence.
—————— Professor of Physiology of Microscopic Anatomy.*
JAMES E. STEELE, M.D., Demonstrator of Anatomy and Curator of the Museum.
GEORGE WOOD JEWETT, M.D., Assistant to the Professor of Midwifery.
WM. BALSER, M.D., Assistant to the Professor of Infantile Pathology.
F. S. SNEADE, Janitor.

A preliminary term will commence on Monday, September 15th, and continue until the Regular term begins. This Course will be GRATIS to those students who intend taking a full winter Course, and will be as follows;—

On Amputations, by	PROF. CARNOCHAN.
" Gunshot Wounds, by	PROF. RAPHAEL.
" Pregnancy, by	PROF. BUDD.
" Anatomy and Physiology of the New Born, by	PROF. JACOBI.
" Bandaging, by	PROF. HOLCOMB.
" Anatomy of the Regions, by	PROF. SMITH.

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PROF. B. I. RAPHAEL, M.D.,
Dean of the Faculty, 91 Ninth Street.

* Prof. Browne having received the appointment of Brigade Surgeon, has resigned the chair of Physiology. The chair is now vacant, but will be filled before the commencement of the Course.

American Journal of Ophthalmology

JULIUS HOMBERGER, M.D., EDITOR.

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Original Lectures.

COURSE OF LECTURES
ON
DENTITION AND ITS DERANGEMENTS.

DELIVERED AT THE
NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL
IN THE PRELIMINARY COURSE.
SESSION 1860-61.

By A. JACOBI, M.D.,
PROF. OF INFANTILE PATHOLOGY AND THERAPEUTICS.

LECTURE XI.—PART II.

Physiological Conclusions.—Physiological and Pathological Hyperæmia of the Brain.

Now, the principal results of these carefully collected and compared figures are, among others, these: The anterior lobes of the large hemispheres are small in proportion to the bulk of the brain. The cerebellum also is small in proportion to the cerebrum. Both the anterior lobes of the large hemispheres and the cerebellum grow more rapidly in early infancy than the generally rapid development of the infantile brain would explain. That the brain itself grows most, at the same period, in proportion to the other organs of the body, I have often had the opportunity of telling you. Finally, there is little cortical, grey cerebral substance, and not the distinct difference between the grey and white substances of later life.

Just draw your physiological conclusions from these facts, translate as it were anatomy into physiology. The simplest physiological facts you would conclude from the dates I have given are these. The mental, intellectual faculties of the infantile brain, are little developed; the less the earlier the period of our observation. The power over the voluntary muscles is very limited, indeed. The mutual counterbalancing of the really central, and the conducting portions of the brain is not well pronounced. There is, with the intense growth, intense action of the brain, in its course of development. The less settled the condition of an organ, the more it is exposed to irregular action. Therefore the great irritability of the brain in general is well explained by its anatomy; but particularly the intense irritability of the anterior lobes of the large hemispheres and the cerebellum.

This irritability shows itself less by increased physiological action, than by its irregularity and abnormity. For instance, the irritation of the sensory organs, the functions of which are transferred to the grey substance, does not increase their exactness and accuracy; that is, such patients do not see, hear, and feel better, but they are molested by impressions which were hitherto normal and agreeable. There is intolerance to noise, scintillation, pain in the eye, and on the periphery of the cutaneous nerves.

The increased growth of the cerebral substance explains the great afflux of arterial blood with its normal amount of oxygen. This is particularly the case in those portions of the brain mentioned by me as the seats of intellectual and voluntary motory power. This physiological injection, however necessary for the normal development of the parts, becomes by its very intensity, easily pathological, that is the transition from the healthy condition of the organ to disease is very easy indeed. You know that I have often pointed out to you the necessity of not looking on disease in general as something essential and peculiar in itself, but as the expression of the physiological functions and appearance under altered circumstances.

In the majority of cases of pathological cerebral hyperæmia, brain, cerebral membranes and integuments, are equally affected. Sometimes, however, the injection is noticed only in the larger, and also the smaller, bloodvessels of the membranes; very rarely the brain alone, and exclusively, is found to be the seat of the anomaly. In other cases the process is but a partial one in other respects; there are some in which only the white substance, or the cerebral portion of the brain, or a single hemisphere, or the cerebellum, or even the cortical substance alone are affected. Some of these facts may get nearer their explanation by their anatomical condition; perhaps the falx cerebri, and the cerebellum separating principal parts of the brain, prevent the uniform spreading of originally local hyperæmia. Discolorations of the arachnoid membrane, œdematous effusions of the pia mater, and small extravasations are frequent; œdematous mollification of the cerebral tissue, however, are rare companions of the above alteration.

There is no age in which cerebral hyperæmia is so frequent as early infancy, and therefore, also, the period of the first dentition. The newly-born and the healthy male nursling are particularly subject to the primary and idiopathic form, which often depends not only on the physiological afflux of a large amount of blood, but frequently also on the injurious effects of too high a temperature, tea and coffee, opium, and alcohol. The secondary, consecutive form depends on disturbed circulation of the blood, in diseases of the lungs and heart, in overloaded stomach and intestine, inflamed peritoneum; in the somewhat advanced period of infantile life, acute exanthems, typhoid and other fevers, impaired condition of the blood, mental emotions, are not at all rare causes of cerebral hyperæmia. Concussion of the head, extensive and thorough refrigeration of the skin, are further occasional sources of the same affection. and attacks of convulsions produced by whatever cause, become dangerous by the secondary injection brought on by the spasmodic action of the muscles of the neck, and chest, and diaphragm, and abdomen, in a great many cases.

Among the symptoms of cerebral hyperæmia in children those of the motory organs are prevailing over those of the sensory ones. They are often mistaken for those of meningitis, and sometimes so easily that a correct differential diagnosis of the two is by no means possible, except on careful observation of the course of the disease. Generally, such children have suffered from costiveness, for several days, their sleep was restless, they ground their teeth, had frightening dreams, headaches perceptible by the perpendicular wrinkling of the corrugator muscles of the eye-brows, and took a long time before falling asleep. Vomiting will then set in, the pupil becomes contracted from the irritation of the oculo-motory nerve, and some muscles will be observed to suffer from spasmodic affections. These local twitchings are followed by general convulsions, or the case may be severe enough to exclude the gradual development of these symptoms. In such cases the convulsions, commencing in one limb, or in one side of the face, spread rapidly over the whole body. These general clonic convulsions sometimes alternate with tonic ones, general tetanus taking place; then again the muscles of the neck will be found rigid, in tonic contraction, while the clonic convulsions spread over all the muscles of the extremities. Sometimes a remission will take place after half an hour, or an hour, and the attack may stop altogether; but very frequently the former vehemence of the affection returns, and may even result in death. During the attacks there is no mental nor sensory reaction. The most powerful irritations of the skin are not felt, the pupils do not react, consciousness is entirely gone. The skin is in perpetual perspiration, respiration is interfered with, saliva becomes foamy from the constant motions of the masticatory muscles, and the abdomen tympanitic. Nevertheless in almost every case the prognosis is favorable; always provided that meningitis, both the genuine and the tubercular forms, can be excluded. At the period of life of which I principally speak, both forms are not very frequent. Genuine, often so-called suppurative meningitis, is generally found after traumatic injuries of the head, or diseases of the cranium. Tubercular meningitis is rarely found before the first, or even second, year of life, and generally preceded by a number of long continued symptoms, of which I need not speak at this occasion.

The symptoms of gradually developed anæmia of the brain are very similar to those attending hyperæmia, as irritation sets in first, followed by depression and paralysis. These symptoms cannot be well explained by a change in the pressure of the cerebral substance, which may be assumed to exist in hyperæmia, but it appears that a certain amount of pressure, resistance, or tension is necessary, and that both too little and too much are equally injurious. Moreover, physiological experiments have proved that there is always a stage of irritation preceding the entire extinction of nervous action; therefore, increased irritation is not the result of increased, but of diminished nutrition. Therefore, also, a moderate degree of cerebral anæmia is attended with the symptoms of irritation, the highest degrees, however, with those of paralysis. Thus Marshall Hall distinguishes an irritable and a torpid stage of hydrencephaloid disease. The first name is given to such cases of cerebral anæmia in children, in whom there is still irritation of the motory functions; the second is applied to those already paralysed. In the former, the children are restless, grind their teeth, show frequent symptoms of sudden fright, and shrill out in their sleep, and have a flushed face, frequent pulse, and increased temperature. At last, sometimes convulsions will be observed. The second stage, which will always follow a mistake made in either diagnosis or treatment, exhibits collapse and apathy in the patients; the power of accommodation is disturbed, the eyelids are half-closed, and the pupils show no reaction to the influence of light, respiration becomes irregular, and under pulmonary œdema and coma life becomes extinct.

I have deemed it proper to compare these two conditions, anæmia and hyperæmia, for their practical importance. Both are as frequent as they can become dangerous. You see, however, at once, from the various, both physiological and extraneous causes capable of producing hyperæmia of the brain, how little space is left for the assumption of dentition, that is the protrusion of a tooth, being in itself a cause of cerebral hyperæmia. The fact is, as I have often said, that hyperæmia of the brain, and such either local or general symptoms as are generally attributed to dentition, are co-ordinate results of the physiological process of local irritation and development, be they normal or excessive; with the exception of those few cases, where a local inflammatory process in the jaws or gums will give rise to fevers and their sequelæ.

Original Communications.

CASES

TO SERVE IN THE HISTORY OF THE RELATION WHICH EXISTS BETWEEN

PUERPERAL FEVER AND EPIDEMIC ERYSIPELAS.

By M. PIHAN-DUFEILLAY,

INTERNE DES HOPITAUX, MEMBER OF THE SOCIETES D'ANTHROPOLOGIE ANATOMIQUE-MEDICALE D'OBSERVATION.

[Translated from the French of the Union Medicale, by Dr. P. F. C. Deslandes, of New York.]

(*Continued from* p. 63.)

Case II.—Was one of a woman 40 years old, short, of great muscular strength, not fat, accustomed to hard work, and of excellent health. She had entered the wards of Mr. Hardy to be treated for an erythema of the hands and fore-arms, brought on by the continual handling of a liquid containing tar and used to lay on linen cloth, and render it waterproof. She wished to take advantage of her sojourn in the hospital, to have a wen of the scalp, the size of a hazelnut, removed, and to which Mr. Hardy applied the *caustique de vienne* (equal parts of quicklime and caustic potash). Several days elapsed without the least accident, the patient, nearly cured of her erythema, and moreover in excellent health, was anxious to leave the hospital, when she was transferred from the *Salle Henri IV.* to No. 32 of St. Ferdinand's.

Four days after this removal, that is twelve days after the application of the *pâte de Vienne* to the summit of the wen, she was attacked with fever, malaise, pain, tumefaction of the sub-maxillary ganglions; and the next day, instead of the symptoms following the application of caustic, an inflammation of the lymphatic ganglions and vessels, characterized by well marked red tracks, extending from the edges of the scar to the affected ganglions. It preceded only by twenty-four hours the appearance of an erysipelas perfectly marked, which came on March the 27th. The symptoms, as you see, appeared two days before those which showed themselves in the subject of our first case. In this they made their appearance after three days, in our first woman after four days of sojourn in the ward.

The general phenomena acquired rapidly an extreme intensity; the pulse rose to 130, was small and depressible. Diarrhœa supervened, presenting the same characteristics as in the previous subject; the tongue was red at its edges, covered in the middle, as well as the teeth, with a layer of fuliginous matter. The abdomen was flat and painless. No nausea. The patient fell, the second day of the eruption, into such a state of prostration that, from that moment, we had the most serious fear of a fatal termination.

The erysipelas extended, brought on sphacelus of the most superficial layers of the right eyelid, then stopped in its march; on the fourth day (27th of March) the general symptoms persisted; nocturnal subdelirium; intense diarrhœa, tongue fuliginous; pulse 130, very depressible; marked dyspnœa without alterations of the organs of hæmatosis nor of the larynx; extreme prostration, intellect perfect except during the nocturnal sub-delirium. The spleen revealed on percussion an increase in volume, of about one inch.

On the 23d of March a new erysipelatous eruption came to aggravate the disease; it extended all over the scalp, reached the posterior part of the neck, then its anterior portion extended to the base of the breasts. The general phenomena were not sensibly modified by this extension of the local lesion; but their persistence, with an equal intensity, placed the life of the patient in imminent danger. However, on the 25th, the pulse fell to 100, became a little stronger, the dyspnœa decreased, and there was a very slight, but a real amelioration. The desquamation had fairly begun on the face, whilst the second erysipalatous eruption was at its height on the neck.

The amelioration continued; to the tumefaction and phlyctenæ succeeded desquamation; and, on the 30th of March, she could digest soups and a little solid food, such as mutton chops without bread and eggs. The diarrhœa, although decreased, existed still; the patient was excessively weak; the dyspnœa had almost totally disappeared, when a third erysipelatous eruption made its appearance, invaded the parts already affected, reascended from the neighborhood of the sternum, where it began, to the neck and the scalp. The only phenomenon of general reaction which marked this recrudescence was a marked acceleration of the pulse, which rose to 135. Apart from this peculiarity, the other general phenomena remained stationary. The fourth day (2d of April) this erysipelatous eruption began to decrease and desquamation also followed.

The general condition of the patient went on ameliorating little by little, notwithstanding three other eruptions similar to the preceding, but was much less extensive and less intense, which appeared on the parts which had already been affected, and the face, the neck, and scalp, on the 6th, 10th, and 15th of April.

The patient, whose recovery, in the ward, seemed impossible, had to take advantage of a considerable amelioration to leave the hospital at the end of April. She was sent to the *Asile de convalescence du Vésinet*, notwithstanding her great debility and her sickly condition, which seemed to demand a longer stay in the hospital. We have been informed that she has completely recovered there in a short time.

CASE III.—At the same epoch, a young woman, 23 years of age, multiparous, of a lymphatic constitution, admitted in the ward St. Ferdinand, two days after its consecration to skin diseases, was placed in the No. 27, there to be treated for a patch of Herpes circinnatus seated on a level with the furcula of the sternum. She was seven and a half months gone in pregnancy, and her gestation had been so favorable that she was still ignorant of her condition, and asked us to examine the abdomen in order to ascertain the nature of a tumor, the rapid increase of which alarmed her. She had moreover a small erectile congenital tumor the size of a len on the left temple.

Seven days after her entrance she was taken with chills, tumefaction of the cervical ganglions, malaise, and fever. Considering the cases we had under our eyes, we diagnosticated an erysipelas. A well marked inflammation of the lymphatics, which surrounded the tumor, existed the next morning, and was followed in the evening, as in the preceding case, by an erysipelas which soon invaded the face and scalp.

The general symptoms were identical with those which we have mentioned in the preceding cases, and to avoid useless repetitions, we sum up in a few words those which have been prominent, with slight intermissions of aggravation or amelioration from the beginning to the end of the disease: Abundant and fetid diarrhœa; tongue at first red and then fuliginous; dyspnœa without alteration of the respiratory organs; very marked prostration; clearness of the intellect, except at night, when there was at times a subdelirium; pulse small, depressible, with some intermission during the more serious period of the disease, beating 110 to 140 pulsations. The examination of the spleen revealed a considerable hypertrophy of that organ.

The erysipelatous eruptions followed each other irregularly, and we counted five of them in twenty-two days; two of these appeared on parts which had already been attacked once a few days before. Twenty-five days after the beginning of the disease the general symptoms had greatly improved; the patient, the prognosis of whose disease had been of the gravest kind, was beginning to take some solid food when the labor pains came on.

The delivery was most prompt and easy, the child came living into the world; the patient, who was most anxious to remain in the room St. Ferdinand, did not make her condition known till the last moment; however, she was transferred to the room Henri IV., where there was at that time one epidemic disease. She had a happy recovery, which neither her extreme weakness nor the extensive desquamation of the parts affected with erysipelas, impeded. Eight days after her delivery, she insisted upon resuming at St. Ferdinand the bed she had left a few days before; her weak condition was still such that she had to be removed on a sedan. Twenty-four hours after her return to this room, she was seized again with chills, and a new erysipelas of the face invaded the parts, already twice attacked, and where desquamation was still going on. This eruption was accompanied by the same cortège of general symptoms, less intense, however, than in the preceding; and so soon as there was a sufficient amelioration, we hastened to prevent a new relapse and keep up the convalescence, to dismiss the patient. She left the hospital the last day of April.

This woman has re-entered, on the 7th of August, the wards of M. Hardy, to be treated for a most marked anæmia, and she has informed us that not only she has not had any relapse outside of the hospital, but that at the end of eight days, she could, notwithstanding her great debility, follow her occupation.

Let us sum up in a few lines the prominent features of these three cases, which present to us in a higher degree the same phenomena met with in the other patients affected with a less serious erysipelas, after their passage or their admission into that room which had been the focus of a very intense epidemic of puerperal fever.

Three women, the two first in good health, the third very healthy also, although rather weakened by the fatigues inherent to pregnancy, are all at once placed in a medium, where a little before reigned puerperal fever. Erysipelas made its appearance in many of the women of the ward, and many others, in our three patients.

In a variable period of time, but not less than three days from the time of exposure to the infectious miasma, a chill comes on, then fever, swelling of the ganglions, and twenty-four or forty-eight hours after, the erysipelas makes its appearance accompanied by the gravest symptoms: prostration, weakness, intermittence and rapidity of the pulse, fœtid diarrhœa, fuliginous tongue, enlargement of the spleen, and preservation of the intellect, notwithstanding the nocturnal sub-delirium. Two of our patients survived these accidents; they remained for nearly two months in a state of extreme weakness kept up by continued relapses and new eruptions which succeed each other at different periods, on the teguments already once affected. I will observe that the symptoms which have always been of a very great gravity, have not always followed a march parallel to that of the local accidents. As to the other patient, she dies in a few days, carried not by the phenomena inherent to the intense erysipelas of the scalp, but sinks under all the grave general symptoms already enumerated, and which have no relation as to form, march, aspect, or nature, with the symptoms of meningitis, of cerebral reaction, coma, delirium, etc., which are the causes of death in cases of simple erysipelas of the face or of the scalp. Autopsy reveals to us a hypertrophied and softened spleen, an injected peritoneum or larynx, the mucous membrane of which is altered by a kind of sphacelus. The blood is black and in soft clots; but nothing is to be found in the viscera which we might à priori have supposed affected.

When we see under such conditions a disease reputed inflammatory, break out of a sudden throughout a whole ward, and assume a type so uniform, and, at the same time, so opposed to that which is generally attributed to it, we are naturally led to seek for its origin in a general cause, whose mode of action is identical on the different subjects exposed to it, and which behaves after the manner of malignant fevers or of specific inflammations.

The autopsy of one of our patients causes us to support this opinion, by showing us the hypertrophy and softening of the spleen which form an essential character of the disease, since we have ascertained by percussion this enlargement at different degrees on the majority of the patients we have been able to examine on this occasion. But I shall not insist any longer on this fact. We have not, in fact, to demonstrate the analogy between erysipelas and fevers produced by alteration of the blood, nor to discuss the part and relative degree of importance of the general symptoms and local phenomena. Erysipelas, and this is generally admitted, is not always only the result of a local lesion; it is also dependent on causes, the action of which is more general. Now, among the causes which must give it a special character, according to their nature, there is one, the power of which is still denied by the majority of pathologists, and which even now is rather suspected than accused of producing erysipelas in certain given circumstances. This cause is no other than puerperal fever. Can, then, this same cause of infection applied to subjects not wounded and outside the conditions of parturition, manifest its action by the apparition of grave erysipelas, and are these erysipelas characterized by an ensemble of special general phenomena, which allow us to recognise their precise nature? This is a question which cannot be prejudiced, and which can only be solved by the examination of numerous facts.

Unhappily, we possess but few cases of this kind, not so much because they are rare as because such facts have remained buried in oblivion. They have passed unperceived, attention having not been drawn to them, and we can recall but very few examples very well authenticated.

M. Alexis Moreau observed, during the year 1843, that there reigned among the *élèves sages-femmes* of the Maternité, an erysipelatous constitution which coincided with an epidemic of puerperal fever in that hospital. Some were very seriously taken, and one died. Two nurses were also affected with spontaneous erysipelas, and one of them went to die at the hospital *Cochin.*—(*Alexis Moreau, Thèses de Paris,* 1844.)

M. Botrel, in his description of the epidemic of puerperal fever at Rennes, remarked, in the patients under his observation, inflammations of the lymphatics unusual as to their number and gravity. "There are others," says he, "affected with inflammation of the lymphatic vessels, following contusions, very slight punctures, abrasions, sometimes even without any appreciable cause."—(*Botrel, Archives Générales de Médecine.*)

In his inaugural thesis, M. Masson mentions cases analogous to the preceding. Nurses and pregnant women were attacked in the wards of the clinique d'accouchemens of the faculté, with grave erysipelas, whilst puerperal fever reigned among the newly delivered.—(*Masson, Thèses de Paris,* 1849, *p.* 32.)

In 1856, the wards of the clinique d'accouchement of the faculté were evacuated to cut short an epidemic which could not be otherwise arrested. A ward of ordinary patients was established there under the direction of M. Pidoux, almost all the patients died, even those affected with the most benign diseases, from the complication of gastric symptoms, and above all, of spontaneous erysipelas which attacked the great majority of the patients admitted in the ward.—(*Trousseau, Académie de Médecine, Communication, Séance du* 16 *Mars,* 1858.)

In the practice of Dr. Sidey, a puerperal fever caused four or five cases of erysipelas. A young woman, Mme. X———, died in a few days from puerperal fever, which had made its appearance three days after her delivery. In the same week, her mother-in law, who had nursed her, was attacked with violent erysipelas of the head and face. The day after that in which the disease had made its appearance in this lady, her grandson, five years old, became in his turn the victim of the erysipelas; two days after, her grand-daughter kept her bed laboring under a most intense angina with erysipelas of the face and typhoid symptoms; lastly, the sister-in-law of Mme. X———, who sojourned for some time in the room of the lying-in woman, presented at the same time symptoms of gastro-enteritis and of abdominal inflammation, of which she died in a very few days.—(*Simpson's Obstetric Works, LII, p.* 32.)

Lastly, what is this erysipelas which affects new-born children epidemically, when they are kept in the atmosphere of lying-in wards, where their mothers are laboring under puerperal fever, an affection which sometimes simulates traumatic erysipelas when it begins around the wound of the navel, and sometimes is truly spontaneous, when it develops itself around the mucous orifices or on the continuity of the limbs, without any previous lesion or exulceration; as we have observed this year several cases? Is it not the same infectious cause which in the mother produces puerperal fever, and in the child erysipelas? A twofold manifestation of one single morbid condition, whose symptomatology varies in proportion to the changes necessarily caused by the difference of age and of conditions which separate the mother from the child.

(*To be Continued.*)

MALPRACTICE.—Dr. Royal M. Ayer, of Danville, Vermont, has been mulcted in the sum of $300 and costs, for malpractice as a surgeon, in setting the shoulder of a Mrs. Stalina Gill, of that place. The case was tried in the Caledonia County Court.—*Med. and Surg. Reporter.*

REMARKS ON SCARLET FEVER.

By A. SEARLE, M.D.,
OF ONONDAGA VALLEY, N. Y.

[Read before the Onondaga County Medical Society, Jan. 27, 1862.]

I COMMENCED the practice of medicine in Onondaga county, in 1815, and never saw or heard of a case of Scarlet Fever, in Central New York, nor west of the Hudson river, till about the year 1821, when one occurred in my own practice, in a young athletic man, who lived on the highlands near Skaneateles lake. The patient was attacked with fever of a very sthenic type, which was attended with an uncommon redness over the body, more especially the head. There was no papillary eruption as appears in many of the severe cases. It being the first case of the sort that had occurred to me, I was unable to make a diagnosis that was satisfactory to myself, but I followed the general indications, by adopting the antiphlogistic plan of treatment. The patient soon recovered.

Another case occurred about a year afterwards, on high land, in an adjoining town, in a strong and otherwise healthy child, two or three years of age. I was called to see the patient in the evening, and prescribed the same plan of treatment, which I may say was my habit of treating all fevers. First, vomiting was induced, and subsequently a laxative was given, the idea being to reduce the fever and clean the primæ viæ. I left about nine o'clock P. M., but was sent for again about twelve o'clock the same night, when I found the medicine had operated thoroughly, but the patient was in a moribund state. I was much surprised, and could not understand what could have been the cause of such a sudden change. At first I supposed it must be some new and very malignant form of fever, inasmuch as such a termination had been so unlooked for, and subsequently I ascertained that scarlatina existed in the country; but knowing this fact did not alter my plan of treatment, and of course my success was very discouraging. I did not learn how to treat the disease properly, either from the results of my own practice or from that of others, till about the year 1830. Being at that time in my native town, in New England, a certain Botanic Doctor, who had received a pretty good common education, spending some time at the Pittsfield Medical Institution, gave me a pamphlet written by himself on the subject of Scarlet Fever. He maintained that the disease was harmless in its nature, and that altogether it was the habit to give too much medicine. According to his view of the case, the medicine should be of the mildest sort, and of course should consist of domestic roots and herbs. He boasted great success by this plan, and though many remarkable cures were cited, I was inclined to put some faith in his statements. I was led from that time to think over the whole subject seriously and thoroughly, and though the ideas which I then received were from a tainted source, the result of my practice in using but little medicine has been such as to cause me to rejoice that I ever met the empiric.

About the year 1844, scarlet fever prevailed pretty extensively in the south part of Onondaga county. It went through whole families and neighborhoods, and though mostly confined to children, and the younger part of the inhabitants, the older people were by no means exempt from its influences. I had at one time the care of a family, where all the children, five in number, were down at once. I adopted the theory, that the disease was specific in its nature, that it was contagious, epidemic, and endemic. That it affected a person but once in life; was destined to have a regular course, as much so as any other contagious disease; that the contagion might be communicated in the sick room, from one to another, and also might be carried in the atmosphere, over the hills and valleys, affecting such families as lived in the direction of the currents of air which brought the infection. I also believed that it was received into the circulatory system, probably by inhalation by the lungs, and that it affected every part of the system where the blood circulates, with a peculiar kind of erysipelatous inflammation, and that after a certain time of incubation, it developed itself on the surface of the body, in the skin, and in the glands of the throat, where the disease spent most of its specific and destructive effects. Holding to these views I governed my practice strictly in accordance with them.

It affects all constitutions alike, and in different degrees of severity. If it should attack a strong person, its effects are a rapid prostration of strength, and if the patient have a slender constitution, I have not observed that the effect is any the less severe. Sometimes the eruption will be more and the anginose affection less, and *vice versâ*.

The disease may with propriety be called by different names, indicative either of its particular character or its particular complication. For instance, Scarlatina Simplex, Scarlatina Anginosa, and Scarlatina Maligna. The nature and tendency of the disease are the same in all cases—to rapid dissolution, sphacelus or gangrene, mortification, and death. I have thought, sometimes, to compare the system to fire, which having swept through it and over it, has left every part tender and *contrite;* and in keeping with this idea, we find that only such remedies are grateful and efficient as tend to soothe and ease quietly along. There is no specific for this disease; it must run its course, and medicine only helps nature in her efforts to eliminate the poison. If nature is incapable of performing the cure, it is useless to hope that medicine can do it. The physician, in the treatment of this disease, is as a pilot who in a dangerous channel only cares to avoid the rocks and quicksands of complications, and keep his bark waterproof, until the dangers shall have passed.

As I have before intimated, the nature of the disease, with all its various symptoms, must indicate the treatment. The symptoms of vomiting I have found are soonest allayed by the use of tartar emetic, in the smallest doses that will produce emesis. If three grains are put into a teacup half full of water, a teaspoonful will be sufficient for a person twenty years of age; it may be repeated once or twice, and the dose may be increased or diminished according to the age and constitution of the patient. But it should not be repeated oftener than this, for the good reason, that the disease will not require it, and the patient will not bear it. When the morbid action of the stomach is overcome, the object is attained, whether the emetic produces vomiting or not. Emetic tartar is better than ipecac, in most cases, unless used for young children. But a child or any other person might be so feeble in the commencement, as to forbid the use of either. Tartar emetic, when taken in doses sufficient to nauseate a little, has a more general relaxing effect upon the system than ipecac, and tends to remove congestions, by opening the pores of the skin. All this can be accomplished without giving rise to any dangerous depression.

What I have to say more particularly in regard to the symptoms and treatment of the disease, may be partly comprised in the symptoms and treatment of the family of five children. I shall use the points in these cases, as so many heads for the remarks I have to offer upon the disease in general. I may be allowed to premise sufficiently to say that the five cases all recovered. The bowels would generally require a single dose of oil, and not repeated, for the reason that a large dose of most kinds of cathartics, would be very likely to reduce the strength of the patient, and prove fatal, not simply by inducing debility alone, but a metastasis of the disease to the intestinal tract. The next symptom is burning heat on the skin, all over the body. If this is not exactly what it should be, it is just what we should expect. It is the very nature of the disease. I think it is not safe to attempt to prevent it scarcely with internal or external applications, excepting what little cooling and diluting drinks will do. The tongue being coated with a very white and buffy coat, with the edges a bright red, requires nothing. If the treatment has been correct in the commencement, we may in general expect the tongue to become clean, or the coat to clear off, in about three days, and the whole surface appear shining and red as scarlet. The oldest daughter, about twenty years of age, when first attacked with high fever, and more of sthenic diathesis than the rest, was attended with delirium, which soon yielded to a moderate bleeding. Then the disease went on without any other dangerous symptom, The mild treatment was pursued. This consists either of saffron tea, spt. nit. dulc., solution carb. soda, sometimes a little ipecac as a diaphoretic, muriate ammonia, carb. ammonia, cream tartar, mucilage, gum arabic, and slippery elm bark. Another daughter, about three years younger, in addition to the common symptoms, was afflicted with malignant inflammation of the whole palate, fauces, and tongue. This organ was so black and shrivelled, that it lost all its normal shape. As in this case, so in all other cases of anginose affection, in the commencement, I used astringent gargles, composed either of alum, borax, gold thread, or sage tea and honey. In cases of malignancy, I prescribe a decoction of Peruvian bark and gum myrrh; and in cases of more malignancy I employ nitrate of silver once or twice, till the black crusts separate, then come back to the Peruvian bark and gum myrrh. One more symptom that required local application, occurred in the youngest daughter, about six or seven years of age. The termination of the disease was attended with an obstinate ulcer on the side of the neck, a little below and posterior to the parotid gland. The flesh seemed to dissolve, or slough away unseen, like the melting of ice, till a pretty large, pale, flat sore appeared, with tendons in view. I found that no external application would suit, but a cataplasm made of slippery elm bark, beat up into a soft consistence, then after waiting many days a mild ointment was effectually applied.

(*To be Continued.*)

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A CASE OF RECTAL ABSCESS.

By J. J. CONNOLLY, M.D.

OF NEW YORK.

On the sixth of last July I was called to see William H., æt. 45 years, a native of Ireland—married—a liquor-dealer by occupation. On the occasion of my first visit I obtained the following history. Some three weeks previously he was seized with a severe chill, followed by high burning fever, accompanied with a dull, heavy, throbbing pain, which was especially referable to the neighborhood of the rectum.

Doctor R., a physician of this city, was sent for, who diagnosticated acute inflammation of the bowels, and at once instituted the following treatment. Powerful cathartics were freely administered, morning, noon, and night; and these not answering the purpose recourse was had to stimulating enemata. Finally, the bowels were freely moved, but not to the entire satisfaction of the doctor, who directed the friends to persist in the same treatment. In the meantime counter-irritation was to be made all over the abdomen, and the patient was to have no nourishment save *ice water and milk*. The sick man enjoyed one whole week of this delectable regimen, with no sleep and not one moment's relief from his pain, which had now become excruciating; when his physician discovered the existence of a swelling a little to the left of and about one inch from the margin of the anus. He now directed leeches to be applied to the swelling, and subsequently poultices. The latter were continued for some days, when it occurred to him a surgical operation should be performed for the benefit of his patient, which he proceeded to perform in the following very *unsurgical* manner.

Standing upon the floor and grasping the foot of the bedstead with his left hand, he extended the right hand, holding the knife, to his patient, and with one sweep cut through the tumor, etc., laying open the left wall of the rectum for a distance of full three inches. The contents of the bowels now gushed out of the wound, and a poultice was ordered. The drastic cathartics were still to be continued, and, in order to promote their efficiency, the patient was directed to walk the floor for an hour at a time after each dose. He was also recommended to visit the Central Park at least once a day in a carriage; but *positively* no stimulants were to be administered—no nourishment save beef tea and jelly, and those very sparingly, and no anodynes lest they should interfere with the peristaltic action of the bowels. After ten days of this treatment—cathartics, poultices, and *very low diet*—he was so much worse that the physician, becoming alarmed, abandoned the case.

I saw the patient for the first time about 4 o'clock P.M., July 6th. He was then the subject of very high irritative fever, the pulse was small, feeble, and rapid—one hundred and sixty beats per minute—the respiration somewhat oppressed—the tongue dry, brown, and thickly coated—the countenance very anxious and restless—there was marked depression of spirits accompanied with low muttering delirium; and upon inquiry I ascertained that he had had frequent rigors during the three days immediately preceding my visit. I first examined the chest, and readily detected the existence of tubercular deposit in the apex of the left lung. I next examined the wound, through which liquid fæces mingled with pus flowed abundantly. The external wound measured full three and a half inches, and had pretty nearly the direction of the lateral operation for stone in the bladder.

Introducing the index finger of the right hand through this wound, and that of the left hand through the sphincter ani, which was still undivided, and through which nothing had passed since the date of the operation, both met within the rectum, and by carrying one finger up and down over the other I judged the incision in the wall of the gut to be at least three inches long. There was a great deal of redness, pain, and tenderness about the parts. I syringed the wound with castile soap and lukewarm water, filled it with dry lint, and put on a T bandage. I directed one gr. of opium to be given every three hours, five grains of quinine every four hours, and brandy and beef-tea almost *ad libitum*. Next day the pulse was down to one hundred and forty, the patient had had a few hours' sleep and expressed himself as being much more comfortable. Recognising the extreme gravity of the case in all its bearings, and being unwilling under the circumstances to divide the sphincter ani on my responsibility, I requested a consultation, and Doctors Valentine Mott and John O'Reily were called in to see the case, with whose approbation I divided the sphincter and dressed the wound with dry lint as before. The quinine, opium, and beef-tea were continued, and the quantity of brandy increased from sixteen to twenty ounces in twenty-four hours. In addition, ten grains of carbonate of ammonia were directed three times a day. The patient seemed to rally under this generous treatment, the alvine dejections having been almost entirely arrested; but the delirium continued, and he sank and died July 13th, seven days from the date of my first visit.

I forbear commenting on this case, and leave each reader to draw his own conclusions.

34 West Houston Street.

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Dr. Dickson, Assist. Surg. 33d N. Y. V., Col. Taylor commanding, who was in charge of our wounded at "Liberty Hall," where Patrick Henry is said to have been born, has been released, and has returned to his regiment. He was detained in the "Officers' Prison," Richmond, only a day or two. All the officers, not wounded, are in the same prison, an old tobacco warehouse. Genls. McCall and Reynolds are there. The building is crowded, not very well ventilated, and the officers are not permitted to go outside.

Dr. Robinson, Assist. Surgeon in one of the New York Regiments, late from Hornelsville, N. Y., taken prisoner in the retreat, was returned on Friday, July 18th, having been detained a short time in the "Officers' Prison," Richmond.

Reports of Hospitals.

MILL CREEK GENERAL HOSPITAL.

FORTRESS MONROE.

MEDICAL SUPERINTENDENT, DR. JOHN W. HUNT, U.S.A.

Reported by Orestes M. Pray, Medical Cadet.

Case I.—*Secondary Hæmorrhage—Death.*—John N. Monroe, 5th Mich. Company I, about 23 years old, healthy, temperate; wounded at battle of Williamsburg, Monday, May 5, 1862, by a bullet which entered outside of right thigh about four inches above the knee, coming out on inside of leg about five inches below the knee; bone not injured. Entered hospital May 11th, and for ten or twelve days was doing well. Secondary hæmorrhage occurred about the 25th of May; wounds were plugged, a tourniquet applied, and firm roller put on from foot to upper wound. Patient commenced vomiting; nothing could be retained upon the stomach. At about 8 A.M., May 27, he died quietly. For twelve hours previous, there had been no perceptible pulse at the wrist, though the patient was conscious till the last.

Case II.—*Secondary Hæmorrhage—Death.*—John Wygal, 11th Va., Company F, about 25 years, of weak constitution, temperate; wounded at battle of Williamsburg, May 5, 1862, by bullet which entered just below middle third of right clavicle, coming out on back of right arm about four inches from top of shoulder. Entered hospital, May 12th. Secondary hæmorrhage occurred about the 21st of May, from anterior wound. A plug and compress were used, which were left for about three days, and then removed. On the 28th, another hæmorrhage took place, and again the wound was plugged; patient very weak. Slight hæmorrhage on the 29th. Death took place May 30, at 3 A.M.

Case III.—*Compound Fracture of Femur—Resection—Death.*—Robert Maines, 70th N.Y., Co. F, about 30 years, strong constitution, wounded at Williamsburg, May 5, 1852, which comminuted left femur badly. The operation of *resection* was performed. Saw patient first, about 20th of May. (He entered hospital on 11th.) Wound looked very bad, but improved after a few days; in a short time, however, it became much worse. The whole thigh was involved in inflammation. He lingered in great pain to the 31st of May, when he died.

Case IV.—*Wound of Leg—Pyæmia—Death.*—William Loomis, 2d Mich., Co. K, about 23 years, healthy, temperate; wounded at Williamsburg, May 5, 1862, by bullet, which entered the right leg about an inch and a half to the inside of the patella on a level with its apex, coming out behind about two and a half inches below the joint in centre of leg, passing through head of tibia close to its articular surface; joint thought to be uninjured. Entered hospital May 11th. The pus burrowed deeply both on inside and on outside of thigh to within two or three inches of trunk. Patient died of pyæmia on the afternoon of Wednesday, June 4

Case V.—*Wound of Arm and Diaphragm—Death.*—Charles Bartley, 104th Pa., Co. B, about 32 years, wounded at the Battle of Fair Oaks, May 31st—June 1. 1852, by a ball which passed through left arm and entered left side over the tenth rib, wounding diaphragm and lodging somewhere in thorax or abdomen. Patient suffered from hiccough attended with vomiting for several days before he died. Death took place on June 11th. (He entered hospital June 3d.)

Case VI.—*Wound of Diaphragm—Death.*—Jonathan Baker, 61st Pa., Co. F, about 40 or 45 years; wounded at Battle of Fair Oaks, May 31st—June 1st, by a buckshot which entered left side over tenth rib wounding diaphragm, and lodging internally exactly as in the preceding case. Patient suffered from constant hiccough, but vomiting did not show itself. Died June 19th. (Entered hospital June 18th.)

Case VII — *Wound of Lung—Recovery.*—Patrick Early, 9th Ala., Co. B, aged 40 years, healthy, temperate; wounded at battle of Fair Oaks, June 1, 1862, by bullet (probably a Minié) which entered left breast between 3d and 4th ribs and about one and a half inches from median line, passing through lung and coming out between 4th and 5th ribs, just anterior to lower angle of scapula (left). He bled profusely when wounded, and lay on the field for twenty-four hours. Entered hospital June 4th, very low; it was thought that he would live but a short time. His condition was owing principally to the fatigue of the journey. There was extensive emphysema, a little cough, and slight discharge from the wounds, but no symptoms of pleurisy or solidification of lung. He had spit some blood before entering the hospital. Linseed poultices were applied to the wounds for two or three days, when the discharge from anterior wound became profuse; the posterior wound discharged very little, and commenced healing early. After three or four days the cough became troublesome, causing the anterior wound to discharge very freely. An expectorant and anodyne mixture was given with little or no effect. At this time, and subsequently, simple cold water-dressings were used. Patient raised some blood; very little, however. After this no medicine was given except a little morphine at night, and something to open the bowels occasionally. On the 6th of July, and for two or three weeks previous, air was forcibly expelled from the anterior wound upon the patient's coughing. Patient got out of bed on the 6th of July for the first time, for exercise, and on the 8th (to-day) he is walking about the hospital. From the first, he could not be kept quiet, but would sit up whenever he felt like doing so, and that was very often. There has been no pleurisy nor solidification.

Case VIII.— *Wound of Lung—Recovery.*—Samuel Lager, 8th Penn. Reserve, Co. G, aged 31 years, healthy, temperate; wounded at Gaines Mills, June 20, 1862; he was standing at the time. Ball entered the right breast between 4th and 5th ribs, and about one and a half inches from the median line, coming out between the 4th and 5th ribs, same side, about one and a half inches behind posterior boundary of the axilla. Entered the hospital June 29th, in bad condition, spitting blood: there was extensive emphysema, solidification of posterior lobe of right lung, some pleurisy, with slight amount of effusion into pleural cavity. He has improved steadily, and to-day is doing well.

Case IX.—*Extensive Wound by Shell—Recovery.*—James C. Reynolds, 5th N. J., Co. E, aged about 24 years, wounded at battle of Williamsburg, May 5, 1862, by a large piece of shell, which made a wound in the gluteal region, left side, eight or ten inches long, and four or five wide, exposing the trochanter major. On the 8th of May, Dr. Jas. R. Wood removed part of the trochanter. Entered hospital May 11th, improved steadily, and on June 8th was sent to the hospital at Philadelphia.

Case X.— *Wound of Face—Fracture of Superior Maxilla—Recovery.*—S. D. Mills, Co. D, 7th Va., aged 32 years; healthy, temperate, wounded at battle of Williamsburg, May 5th, by a bullet, while in the act of firing. Ball entered the mouth, slitting the upper lip a little to the left of the centre, and came out at a point about one inch below, and two inches anterior to, the lower part of the left ear, comminuting the left superior maxillary bone, and carrying away five or six upper teeth. Saw patient first at Williamsburg, on or about the 10th May; then the face was very much swelled. Patient entered hospital May 12th, and has been here ever since; for a long time he has been acting as nurse. Several pieces of bone have come away. External wound discharging yet—that is the wound on the cheek; the lip has healed, leaving very little deformity.

Case XI.— *Wound of both Legs by one ball—Recovery.*—G. W. Sumey, Co. L, Palmetto Sharpshooters, S. C., aged 29 years; healthy, temperate. Wounded by a Minié ball at battle of Fair Oaks, May 31, 1862, while in the act of loading. Ball entered outside of left leg, at junction of lower with middle third, passing upwards and inwards between the bones, making its exit on inside of same leg, at junction of middle with upper third, and then entering the inside of right leg, at junction of middle with upper third, comminuting tibia, and lodging in it a short distance below the point of entrance. Entered hospital June 3d. Ball removed two or three weeks afterwards. Left leg healed readily; the right suppurated freely, and was as freely opened; wound in right leg finally becoming about five inches long. Pieces of bone were removed at different times. Linseed poultices and wet lint dressings were used. Bone was freely exposed, the bone granulations showing beautifully. Amputation was thought of at one time. Leg was slung by means of anterior splint and frame. July 16th.—Patient in fine condition; wound doing well, partial union of bone having taken place.

Case XII.—*Entrance of Ball in the Back, and Exit from Abdomen—Recovery.*—Wm. Pullen, Co. I, N. C., aged 26 years; healthy, temperate. At battle of Hanover Court-House, May 27th, 1862, while stooping to pick up musket, was wounded by a Minié ball, which entered at the fourth lumbar vertebra, about one inch to right of spine, and was cut out on abdomen about three inches to right of umbilicus. Patient remained at farm-house near the field, till June 15th, having been told that he would live but a short time. Entered hospital June 18th. Water dressings were used. Partial paralysis of right leg since receipt of injury, with pain sometimes severe in hip, knee, and thigh; besides these, there were no bad symptoms whatever. July 10th, patient walking about hospital on crutches. July 16th, well.

Case XIII.—*Fracture of Scapula—Recovery.*—Albert K. Ingraham, 10th Mass. band, aged about 38 years; healthy, temperate. Wounded at Fair Oaks, May 31st—June 1st, by a piece of shell, which entered at about the centre of spine of left scapula, comminuting scapula terribly, and came out directly over the spine, at about the seventh or eighth dorsal vertebra. The upper wound was triangular, and covered an area of at least five or six square inches; the lower wound was a clean vertical cut, about four inches in length. Entered hospital June 3d. Linseed poultices were used, and the wounds were thoroughly cleaned with tepid water, containing a very little solution of chloride of soda, twice a day. Patient improved steadily, and on June 18th was well enough to be sent home. Several pieces of the scapula were removed. Heard from patient after his arrival home (Mass.); he was nearly well—able to walk half a mile, or more.

◆

American Pharmaceutical Association.—The adjourned meeting of the Association which was to have been held last year at St. Louis, and postponed in consequence of the disturbed condition of the country, will be held at the city of Philadelphia, on Wednesday the 27th of August next, at 3 o'clock P.M.

Barbarity at Pittsburg Landing.—We were greatly pained, as we passed along the road traversed by thousands, to see dead bodies lying in the mud of the path, day after day. They were privates cast off from the boats or thrust out of the tents to which they had been taken when wounded, and where they had died. Some of them were bodies of rebels. Their open eyes and gradually blackening faces were a horrible sight, especially amid the crowd which always hung about the landing. After remonstrating with several officers, on the inhuman practice and its bad effects on the soldiers, who saw how little they were cared for when dead, we succeeded in having them buried. A very similar scene was still in view when we left, at the log hospital on the hill, where was a pile of amputated limbs, just outside the back door! An admiring officer assured us, as we sorrowfully gazed, that it was the result of the labor of Dr. —— within, the famous operator from Ohio. We hope the trophies of his skill will not much longer be publicly exhibited.—*Chicago Sanitary Commission Report.*

Reports of Societies.

MEDICAL AND SURGICAL SOCIETY.

DR. T. M. HALSTED IN THE CHAIR.

MEDICAL AND SURGICAL CASES.

Stated Meeting, June 1, 1861.

NEURALGIA FOLLOWED BY SUBACUTE INFLAMMATION.

Dr. **Bumstead** related a case of neuralgia of the face and head, which proved fatal, with symptoms of subacute meningitis. The patient was a nervous female, who was confined last November. After her confinement she became much enfeebled, and began to suffer from neuralgia of the face and head. This was ineffectually treated with large doses of quinine, and with quinine and iron combined. Occasionally the neuralgia was accompanied with nausea and vomiting. She passed from the care of Dr. Bumstead into the charge of a homœopathist, and about two weeks since was seized with convulsions and died. No autopsy was obtained.

EXCISION OF NERVE IN NEURALGIA.

Dr. **Markoe** related the case of a clinical patient on whom he operated for tic-douloureux, by the removal of a portion of the inferior dental nerve. The man had suffered during a period of ten years, several attacks annually. During the past two years his sufferings have been almost without cessation, and aggravated occasionally by very severe paroxysms. Section of the supra-orbital nerve had produced little or no effect; the mental nerve had also been divided without relief. The pain had lately become localized in the mental and dental branches—occasionally radiating to upper branches. A removal of a portion of the dental nerve was advised. This operation was performed. The bone was laid bare and chiselled so as to expose the canal of the inferior dental nerve. One inch of the nerve was removed. It seemed congested and considerably hypertrophied, but microscopic examination did not detect any change of structure. The relief of the pain was almost immediate. He has had but one slight paroxysm of pain since the operation, six weeks ago, and is now well enough to return to his occupation. Dr. Markoe thought the case remarkable for the rapid subsidence of pain after the operation. The sensibility of the jaw is being gradually restored.

Dr. **Parker**, in connexion with the discussion that followed, related a case where he removed an inch and a half of the posterior tibial nerve for neuralgia, affecting the ramifications of this nerve in the foot. The pain subsided for a time after the operation, but returned. The limb was then amputated. The specimen, which is now in the museum of the College of Physicians and Surgeons, shows that the continuity of the nerve was restored after the operation, either by the formation of nerve or of substance capable of performing the function of nerve.

FIBROUS INFLAMMATION RESULT OF PRESSURE.

Dr. **Allin** detailed the history of a man thirty-five years of age, living on Long Island, who, about two years ago, fractured both bones of the leg near the ankle-joints. The foot was bound so tightly to the foot-board of Amesbury's splint, by the surgeon who attended him, that it caused him great pain. The surgeon refused to loosen it, and the patient himself finally cut the bandages and found the integuments of the foot of a livid hue; no sloughing followed however, and union was effected without deformity. Ever since the removal of the bandages he has suffered constant and intense neuralgia, just below and behind the external malleolus. The pain is never paroxysmal, but constant, and the tenderness is exquisite. There is slight puffiness of the part, and the pain is aggravated by twisting the ankle.

Some discussion arose as to the cause of the pain in this case: the general opinion seemed to be that it was not properly neuralgic, but dependent upon fibrous inflammation.

Dr. **Parker** alluded to a similar case, where the pain was located above the ankle-joint, and where complete and permanent relief followed a free subcutaneous incision at the seat of pain.

ACCIDENTAL BREAKING OF CATHETER IN URETHRA.

Dr. **Buck** related the following history. A woman, æt. thirty-five, who had been dependent for some time on the use of the catheter for the relief of the bladder, recently, by the accidental breaking of the silver catheter she was using, lodged two inches of it in her bladder. Dr. Buck, soon after the accident, searched for it with a slender pair of dressing forceps, and failed to extract it. The following day he made a second attempt with the small urethral forceps and failed again. He resorted once more to the dressing forceps, and succeeded in securing the piece by the end so as to withdraw it without difficulty.

STRICTURE OF RECTUM.

Dr. **Buck** also related a case of stricture of the rectum. The patient was a woman, æt. twenty-four, of healthy appearance. On examination per rectum, he discovered about two inches above the anus an annular stricture, not scirrhous in character. Per vaginam he found a firm fibrous tumor, of even contour, in the posterior cul-de-sac: he could sweep with the finger almost the entire circumference of this tumor, and it was slightly movable. The woman suffered occasional bearing-down pains, and the stools were hard and difficult. On distending the anus with a speculum, the stricture was readily observed. This was divided anteriorly and posteriorly, and by tearing the tissues the finger was carried well above the stricture, so as to reveal the fact that the supposed fibrous was in reality a fæcal tumor. The woman had never had dysentery.

Stated Meeting, Sept. 20, 1861.

INSIDIOUS PROGRESS OF RENAL DISEASE.

Dr. **Elliot** related a case illustrating the slow and insidious progress of renal disease. A gentleman applied to him seven years ago to get medical counsel as to the propriety of his undertaking some work that would involve considerable mental as well as physical labor. A thorough physical examination was made. The urine was found to contain oxalate of lime, and on one occasion one or two desquamative casts were observed. Since that period his health has been very good and is now, but a morning specimen of urine exhibits a specific gravity of ·1004, which Dr. Elliot regards indicative of renal disease. Dr. Elliot has several times observed cases where repeated examination of the urine has failed to show albumen, and yet careful microscopic examination has detected casts of the renal tubes.

Dr. **Bulkley** alluded to a case of anasarca which had been under his observation for some time, which he believed to be dependent on renal disease. Two months ago the anasarca had nearly subsided, and since then the patient has suffered only from occasional gastric derangements. The urine maintains a specific gravity of ·1010, but Dr. B. has never been able to detect either albumen or casts.

Dr. **Bulkley** related another case where he first suspected renal disease from a persistently rapid pulse and œdema of the feet, in a gentleman he examined for life insurance; he could not, however, find casts or albumen in the urine. There was no cardiac disease. Last winter the patient had an acute febrile attack, during which the urine was examined and found to contain albumen, blood, and casts. His general condition is now good, though he still has some œdema of the feet.

MISCELLANEOUS CASES.

Dr. **Post** recalled the attention of the Society to a case related last winter, in which he operated upon a child four years old for a cicatrix from a burn which deformed the hand and arm. The flaps sloughed extensively after the operation, but the child has recovered at the end of eight months, with a straight arm, and with the functions of hand and arm perfect.

Dr. Post also related a singular case of pelvic tumor, occurring in a lady, forty-nine years of age, who had suffered for some time from obstinate constipation and severe abdominal pain. On examination per rectum, a tumor was detected which consisted in an intussusception of the lower portion of the descending colon, and the margin of the invaginated portion seemed to be of a scirrhous nature.

Dr. Post related a third case. A woman, æt. twenty-seven, presented herself at the clinic, having a tumor the size of a walnut on the palmar surface of the middle finger, very firm and slightly movable, supposed to be enchondromatous in character. It was found to be attached to the sheath of flexor tendons, and a number of smaller tumors were found below it and between the flexor tendons, and some of these were attached to the synovial membrane of the first phalangeal articulation. The patient did well after the operation, and the case illustrated the slight consequences that sometimes follow wounds of synovial cavities. A fourth case was alluded to by Dr. P., one of enlarged bursa underneath the patella, through which he passed a filiform seton. The seton was removed at the end of six days, some suppuration occurring in its track. Afterwards too violent exercise brought on severe inflammation, which terminated in suppuration and recovery.

American Medical Times.

SATURDAY, AUGUST 9, 1862.

COMMISSIONERS OF HEALTH.

> "The Board of Commissioners of Health have applied themselves most industriously and conscientiously to the sanitary interests committed to their charge, giving prompt attention to every complaint, and guarding with zeal and efficiency the public health." MAYOR OPDYKE.

It has been well said of the Commissioners of Health that they "perform the same relative service in regard to the public health, as would a fifth wheel in the progression of a coach." Of all the organizations which exist under our present Charter for the ostensible purpose of protecting and improving the public health, this body seems not only the least important, but absolutely superfluous. The City Inspector's Department has "cognizance of *all* matters affecting the public health" according to the Charter. On this authority, therefore, would seem to rest the burden of real health preservation.

The principal duty assumed by the Health Commissioners is the supervision of the Quarantine. There is here a wide field for useful labor, did they but apply themselves industriously and conscientiously to the interests committed to their charge. It is but too well known that gross abuses have always existed in the management of our Quarantine; although the Commissioners of Health, over whom the Mayor presides, and whom he so unqualifiedly praises for devotion to duty, have supervision of its affairs. The confidence of the public in that Board, never strong, has been greatly weakened by its recent action which sent yellow fever afloat in this community. Every effort to explain away this grossly inconsistent act, by alleging a correct intention, or an industrious and conscientious application to the sanitary interests committed to their charge, will not palliate the offence. A violation of law in that particular was equivalent to violating it in general.

But are the Health Commissioners at the present time guarding Quarantine against all abuses? Are they to-day sedulously protecting this city from an invasion of yellow fever? If we accept the intimations of the Richmond *Co. Gazette* this body is negligent of its duties, and allows the Quarantine to be so managed as to render the occurrence of an epidemic of yellow fever this summer, not improbable. Vessels are allowed to come to the upper Quarantine station with yellow fever on board, and, immediately after the removal of the sick, the vessel has discharged its cargo at our wharfs. Is this guarding the public health with zeal and efficiency? Such recklessness and utter disregard of the sanitary interests committed to their charge cannot be too severely reprobated.

There is no proposition which the citizens of New York will receive with greater incredulity than that any one of the multifarious health organizations which curse this city, applies itself most industriously and conscientiously to the sanitary interests committed to its charge, giving prompt attention to every complaint, and guarding with zeal and efficiency the public health. The conviction is firm and rooted in the popular mind, that all of these organizations are subservient, not to the public interest, but to the interests of individuals, or of party. And this conviction is not based on any trivial circumstance, but has been the growth of years of observation of the grossest official malfeasance. They have seen a terrible epidemic approach the city with steady step, but no barrier was raised to stay its progress because the proper authority did not dare to call together its Board of Health, justly esteeming the latter more dangerous to the public health than the former. They have groaned too long under the enormous burden of taxation imposed by that clique, comprising the City Inspector's Department, and for which they have received filthy streets, epidemics of small-pox, scarlet fever, cholera, and similar diseases, to believe that a conscientious feeling ever inspired one of its members. And it will require something more than mere assertion to make it evident, that the Health Commissioners do little else than give official sanction to the extortions of the Health officer.

MEDICAL MEN AS CORONERS.

On the death of Mr. Wakley of London, the Coronership of the County of Middlesex became vacant. This office he had held for more than twenty years, having first succeeded in an election after a long contest with legal candidates. He maintained that medical men are the only qualified incumbents of this office, and in his subsequent administration of its duties, he fully sustained his original proposition. The election of his successor has just occurred, and we take pleasure in stating that Dr. Lankester, a gentleman of the highest respectability in his profession, is the successful candidate.

We have endeavored to awaken the attention of the profession in this country to the importance of securing the election of a qualified medical men to the office of Coroner. As yet, however, little regard is paid by the profession to the claims which this office has upon it, and in consequence it is generally filled by some political aspirant, totally unqualified to discharge its duties. There is a prevailing impression in the community, that a Coroner must be a doctor, perhaps, because he deals with the dead, and therefore for the time being the incumbent often prefixes to his name the title, M.D. If the profession would take advantage of this fact, and manifest proper interest in the election of competent medical men to this office, they could readily accomplish their object. If, however, we attempt to place medical men in this office we must enter the arena of party strife, and secure our ends by those measures which are legitimate in political contests. Medical candidates should be put forward who will command the respect and support of community, and they should be sustained by a united profession. If this is done there is not a community in this country which could not elect a qualified medical Coroner. In the recent contest which resulted in the election of Dr. Lankester to the Coronership of Middlesex, the medical men of the district unitedly gave him their assistance. We find among his active supporters in the canvass, Sir James Clark, Sir Charles Locock, Dr. C. J. B. Williams, M. Paget, and many other medical men of the highest respectability. They succeeded, and the result of placing so competent a person in this position will be, aside from the interests of justice, that the office of Coroner will become daily more respectable, and eventually only qualified medical men will be nominated for the place.

As an example for us, and at the risk of shocking those *respectable* brethren who have such a dread of the epithet, "political doctor," we insert Dr. Lankester's last call upon the profession for support, and the names of a few of the more prominent contributors to his electioneering fund.

TO THE MEMBERS OF THE MEDICAL PROFESSION.

Gentlemen:—As this is probably the last time before Election that I shall have an opportunity of addressing you through the medical press, let me urge upon you the continuance of your efforts on my behalf. The present contest is not only one between the choice of a medical or a legal man for Coroner, but between myself and skilful, practised, and unscrupulous electioneering agents. I look to you, who have known me for twenty-five years, to protect me from the cowardly and dastardly attacks of my opponents, and by your personal efforts on my behalf, now and on the polling day, to vindicate my character and that of your profession by doing all that you can to place me at the head of the poll. I would remind those who have promised me their personal assistance on the polling day, that it is of vital importance that their efforts should be made EARLY, and that they should endeavor to bring their friends to the poll directly it opens at 8 o'clock in the morning. Be up and EARLY at the poll.

I am, Gentlemen,
Your most obedient servant,
Edwin Lankester, M.D., F.R.S.

8, Savile Row, W., June 26th, 1862.

DR. LANKESTER'S ELECTION FUND.

List of Subscribers. T. H. Wakley, Esq., Spencer Wells, Esq., Dr. Tyler Smith, W. Bowman, Esq., F.R.S., Dr. C. J. B. Williams, F.R.S., Lionel Beale, Esq., Dr. Dundas Thomson, F.R.S., R. Quain, Esq., F.R.S., Dr. Neil Arnott, F.R.S, Dr. Richard Quain, Dr. Barlow, Henry Thompson, Esq., Dr. Sharpey, John Churchill, Esq., J. Paget, Esq., Dr. Brown-Séquard, Dr. Forbes Winslow, Dr. Henry Bennet.

D. Ellerslie Wallace has been elected to the Chair of Obstetrics and Diseases of Women and Children in the Jefferson Medical College, Phila.

THE WEEK.

It is not surprising that illiterate persons should regard "scientific ventilation" as of no account. They are too often unable to appreciate the value of good ventilation, either from habits of living, or from an obtuse sensibility of their organs of special sense. But it is surprising that a man of refinement, and having a medical education, and above all, devoting his attention especially to hospital construction, should venture the assertion that he has "very little faith in what is called 'scientific ventilation.'" But such is the assertion of Mr. Charles Hawkins, of London, who is spoken of as the best qualified person in that city to advise in the construction of hospitals. His plan of ventilation is by windows. He thinks the ventilation of a hospital is a very simple matter. If Mr. Hawkins is a fair exponent of the state of hospital architecture in London, there can be no doubt that it is still sadly deficient. Scientific ventilation is not a failure in this country, but has been carried to such perfection that the building of public edifices with only windows for ventilation, is now simply criminal. Windows arranged according to Mr. Hawkins's plan, will answer very well in summer, but they are almost valueless in winter. The method of Dr. Griscom, of this city, by means of tubular shafts, increasing gradually in diameter from basement to garret, on the principle of the circulation of venous blood through vessels of increasing calibre, will, we believe, prove of incalculable advantage. It has already demonstrated the fact, that "scientific ventilation" is not a failure.

At a late meeting of the Scoharie Co. Medical Society (N. Y.), the President, the Hon. William Lamont, M.D., one of the most intelligent members of our last Legislature, made the following allusion to the efforts of the Homœopaths to obtain a foothold in Bellevue Hospital, during the winter:—

"I may here with propriety allude to a single circumstance. A petition signed by about fifteen hundred persons, was presented to the Medical Committee—of which I had the honor of being a member—in the last Legislature, urging that one-half of the wards of Bellevue should be appropriated to the service of homœopathic practitioners. A voice came from the patients of the wards of Bellevue, from those who were immediately interested in such a step. Out of eight hundred patients in several wards, all but two petitioned the Medical Committee that no change should be made. 798 against 2. Such, gentlemen, is the relative value of Homœopathy unshorn of its trappings. But a voice came from the people of New York in a remonstrance so emphatic that it became useless for the Committee to make any report at all.

The floating hospital, *Nightingale*, at the Quarantine of New York, will prove, beyond a doubt, the value of hospital ships for quarantine purposes. This vessel was first arranged for hospital purposes about three years ago, and placed in charge of Dr. Harris. Many improvements were made by him in its interior arrangement, and it served its purpose admirably during that season. It has since been in charge of Dr. Bissel, a former resident physician at the Marine Hospital, until quite recently, when the Commissioners of Quarantine appointed Dr. A. N. Bell, of Brooklyn, as its Medical Superintendent. This appointment is a novelty in the history of Quarantine, as it has put the right man in the right place. As a former surgeon in the Navy, with practical experience in the treatment of yellow fever, and an intimate knowledge of the regulations of quarantine, Dr. Bell has a combination of qualifications for this position which few if any other physician, possess. Under his supervision the Floating Hospital is now a model of neatness, and is in every respect, apparently, perfect in its appointments for the sick. We believe the *Nightingale* is a permanent institution, and we trust it will always have as well qualified a medical superintendent as it has to-day.

The efforts that have been made to establish a hospital in the Central Park are to prove a failure, through the vetoes of the Mayor. Though this is one of the most suitable localities within the limits of the City for a hospital for disabled soldiers, yet we do not regret the failure to open another hospital in this city. It is entirely improper to locate military hospitals in cities for the two-fold reason, that they become centres of infection to the inhabitants, and that they render the convalescence of the patients tedious and prolonged. We cannot, on this account, conceive a more impolitic act than the opening of permanent military hospitals in New York. In the immediate vicinity are not only most salubrious sites, but at Staten Island there is a hospital building thoroughly prepared, even to the selection of nurses and physicians, for the immediate reception of patients; and yet, not a patient is allowed to enter it. But, almost daily, the sick with fevers, and the wounded, are trundled through this city to the hot and stifling wards of the hospitals opened in our midst. This policy should be changed for the benefit of the sick; but if not, the occurrence of a devastating epidemic in some of the large cities, springing from these centres of infection, will lead to the summary closure of all depots of sick soldiers in cities.

The *Richmond Co. Gazette* affirms that the defeat of the Health Bill, last winter, was not entirely the work of Mayor Opdyke, but that Dr. A. N. Gunn, Health Officer of this port, aided and abetted the Mayor in his shameful work. It says:

> "We don't blame Dr. Gunn so much as Mr. Opdyke, if at all, seeing that he had a motive, which, leaving supreme selfishness out of the question, might be called a candid one. His pocket was in interest to defeat the Bill for at least another year, should his good luck in drawing the prize of rich office continue under the next Governor, as it has for four years under the present. Dr. Gunn would have received under the Bill about $10,000 for the year. By its defeat, he is secured in $30,000 in gross, and at least $20,000 or $25,000 net revenue."

Reviews.

Quinine as a Prophylactic or Protective from Miasmatic Poisoning, a Preventive of Paroxysms of Miasmatic Diseases, together with some remarks upon its use in the Treatment of Developed Miasmatic Diseases. By Stephen Rogers, M.D., formerly Assistant Physician to the Island Hospital, New York, and Surgeon to Panama Railroad Company; Licentiate of the Royal University of Havana, Cuba, etc. Albany: 1862. Pp. 24.

Dr. Rogers, who has had excellent opportunities to study miasmatic fevers and their treatment, has given in this pamphlet a detailed account of his experience in the use of quinine as a prophylactic. His views are embraced in the following propositions:—

> "*First*—When men are to be sent into miasmatic localities, either from ships or from land forces, a dose of quinine sufficiently large to produce some appreciable evidence of its action, should be taken by every one before entering such locality, and should be repeated once in twelve, and in some cases once in eight hours (which it will be the physician's duty to ascertain and prepare for) during the time spent there.
>
> "*Second*—That removal from a miasmatic atmosphere for any twelve hours, and especially during a night, is quite equivalent as a protective, to one dose of quinine; it may be much more economical, and when practicable, is by far the most desirable protective measure.
>
> "*Third*—That in all cases where this measure can be daily practised, it will unquestionably preserve the susceptibilities of the brain to the action of the medicine, for an indefinite and probably long period, and will thus serve indirectly as a most efficient protective.
>
> "*Fourth*—That officers and chiefs in command, should by all means avail themselves of the advantages to be derived from such intermissions in exposure, and thereby maintain their susceptibility to the quinine more or less unimpaired. By so doing, the loss of their important services would be rendered much less liable, and the consequent embarrassment to operations would almost surely be avoided.
>
> "*Fifth*—That when continuous exposure is inevitable, there is no safety in attempting to protect from infection by the use of quinine, for a longer time than two months, and as a general rule, it is not advisable for longer than one month.
>
> "*Sixth*—That ceasing its administration at this period, by the time the infection takes place, and the premonitions appear, the susceptibilities to the medicine will have become so restored that it will be practicable generally, to prevent the paroxysms for long periods of time.
>
> "*Seventh*—That as quinine is a stimulant, with specific action in all conditions of depression or exhaustion from miasmatic poison and miasmatic disease, it is indicated in all cases, irrespective of the state of the skin, when the unaided powers of life are likely to be unable to restore to healthy action within the time required to avoid a renewed attack, and also when there may be danger that the vital forces will be overwhelmed by the poison in the onset of the disease, and that when so indicated, it should be promptly and efficiently employed, either by the stomach or rectum, as the case may demand.
>
> "*Eighth*—That by an observance of these rules, and by avoiding the causes of other diseases, most men of even ordinary constitutions, can be kept in miasmatic localities for years, in an efficient state of health."

Correspondence.

THE NECESSITY FOR MILITARY MEDICAL TEACHERS.

[To the Editor of the American Medical Times.]

Sir:—Perhaps there is no subject connected with the present campaign occupying so universally the public mind as the health and safety of the soldier in the field; no more pleasing evidences of this are necessary than the multifarious, universally and lavishly contributed gifts placed at the disposal of the Sanitary Commissioners. The philanthropy of our friends at home requires no stimulation, as the number of self-sacrificing volunteer lady-nurses, surgeons, physicians, and others in our hospitals sufficiently testify.

There exists indeed, on the part of the Government and public, no limit or hesitation as to *doing* or *giving*, so that the suggestion of *what* ought to be done, *what* sacrifices made, seems to be the only indication requiring attention.

With this view I am tempted to offer the following hints, which I trust may be thought of sufficient moment to merit insertion in your valuable journal.

Somewhat extended experiences as a military medical officer, although obtained under circumstances involving no inconsiderable amount of personal discomfort, privation, and danger, will, nevertheless, not have been thrown away if they may only subserve the purpose of increasing the usefulness of the Army Surgery.

An army of such immense proportions, raised, equipped, and prepared for the field, so rapidly as this has been, must necessarily labor under many disadvantages to which older organizations are not liable; amongst these disadvantages it was imperative that surgeons should be appointed, better men than whom, under the circumstances, it would have been impossible to obtain, but who, as a general rule, had not previously given their attention to military surgery, or, at the best, had but hurriedly made themselves acquainted with the subject, and who, consequently, could not be expected to move in their new grooves with the most perfect aptitude.

A close observation of the working of the medical departments of at least three European armies leads me to think that the advantages of military surgery forming a part of the preliminary education of the army surgeon, cannot be over-estimated. The requisite means for acquiring this knowledge doe not, however, appear to be available to the desired extent in this country. This subject, which in European countries is recognised as all-important, should, I think, receive prompt consideration, and particularly if we shall in future be obliged to maintain a much increased standing army. Such an addition to the usual programme of medical instruction is rendered even more imperative than a casual observer might at first imagine, it being not alone advisable for the benefit of the service in a purely surgical point of view, but also, and in a still greater degree, as tending to insure more perfectly the sanitary requirements of camp life, involving all those hygienic and prophylactic measures, which are admitted by all authorities to be of such paramount importance.

And though aware that the well educated practitioner in civil life is acquainted with the more general and salient means of insuring these conditions, yet I know that it is alone in the theatre of the military professor that the subjects are sufficiently enforced. It is true, that in systematic works, these matters are all laid down circumstantially enough, but in my mind it requires *oral* instruction to at all adequately convince the student of their true importance.

To those who have carefully watched the insidious approaches and rapid development of those diseases to which large encampments are obnoxious, the greatest amount of caution will not appear unnecessary, and I know not the means by which a student can so thoroughly imbibe the requisite amount of watchfulness and caution as from the lips of his teacher, who, unlike books, will from mere repetition be sure to fix the impression which he seeks to make.

What I would then suggest is, that hereafter thorough information on all matters which Military Surgery professes to teach shall be required of every candidate for admission into the medical department of the army. That a chair of Military Surgery be instituted at each of the Universities or centres of medical education, and that every candidate for a medical appointment in the army shall have attended at least one course of lectures on the subject.

FRANCIS REYNOLDS, M.D.,

Fellow and Licentiate of the Royal College of Surgeons, Ireland, late Assistant Surgeon in British Army during Crimean War, Surgeon 88th Regiment N. Y. V., Meagher's Brigade, etc., etc.

OAKUM AS A SUBSTITUTE FOR LINT,

IN GUN-SHOT AND OTHER SUPPURATING WOUNDS.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—I have for many years past been in the habit of using picked oakum, in all cases of suppurating wounds, particularly in connexion with opened joints, where the suppuration is excessive. The great number of gunshot wounds now in Bellevue Hospital, where I use it entirely to the exclusion of lint, has furnished an opportunity for a number of army surgeons to examine its advantages, and they have requested me to make the subject more generally known to the profession through the medium of your valuable medical journal.

One of the objects of lint applied to a suppurating wound, is to absorb the discharge; now as most of the lint is composed either entirely or in great part of cotton, it acts more like a tampon, or a retainer of the secretions, than as an absorber.

If you will take a bale of cotton and immerse it in the river for one month, or even longer, and then remove it, you will find on opening it that the cotton in the centre of the bale is perfectly dry, thus proving that it cannot be soaked through any great thickness, or that it will not absorb moisture. So, when placed over a suppurating wound and left for some hours, it will be found perfectly dry except at the point of contact: acting, in fact, like a bung in a barrel, or a cork in a bottle—to *prevent* the escape of the pus—which necessarily burrows in different directions, thus forming extensive abscesses, and adding greatly to the danger of the patient; and when removed, the pus will gush out in large quantities. Now, if you place picked oakum over these same wounds, you will find after the same number of hours, that the oakum is perfectly saturated with pus, and the wound itself almost perfectly dry and clean—the oakum acting like a syphon, and discharging the contents of the abscess by capillary attraction.

It is necessary to place under the wound a piece of india-rubber cloth, or oiled muslin, for the sake of cleanliness; and in case of much inflammation, by simply wetting the oakum in cold water, and wrapping the oiled muslin around the limb, or wounded part, so as to exclude the air, you have at once the neatest and most comfortable poultice that can be applied to it. In gunshot wounds, which go through and through a limb, particularly if made with the "Minié ball," the whirl or screw of the ball entangles in its thread the muscular fibres and cellular tissue, and separates them from their attachments for a long distance from the real track of the ball itself.

As the muscle and tegumentary tissues are more freely supplied with blood-vessels than the fat and cellular tissue, the consequence is that they begin to granulate much more readily than those other tissues, and will thus often close up the wound, and prevent the free escape of pus, before those parts have perfectly healed, and thus lead to the formation of extensive secondary abscesses. I, therefore, in all cases where no blood-vessels prevent it, pass an eyed probe through the wound and draw through it a few fibres of the oakum or tarréd rope, which keeps it perfectly free, and the tar is a very excellent antiseptic, and removes all unpleasant odor.

A few fresh fibres are twisted on the end of the seton at every dressing and drawn into the wound, and the soiled piece cut off and removed with the dressings.

Another great advantage which the oakum possesses over lint, which in these times of heavy taxation is not to be overlooked, is its cheapness. Lint at the present time costs from $1.25 to $1.35 per pound, whereas the finest picked oakum can be obtained at the "Empire Oakum Works," No. 149 West 39th street, for ten cents per pound. And if it were universally adopted in the army it would save many thousands of dollars to the Government, and I confidently believe the life of many a soldier. And no surgeon who has once used it will ever resort to lint again—particularly if the lint is made of cotton.

Yours, etc.,
LEWIS A. SAYRE, M.D.,
Surgeon to Bellevue Hospital, etc.

August 7, 1862.

A REMEDY FOR MAGGOTS.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—Having read in the "Lessons of the Surgery of the War," published in your Journal of the 26th ult., of great trouble experienced from the wounds of soldiers becoming infected with maggots, I am induced to lay before your readers a simple remedy which once proved effectual under my observation, in preventing this troublesome and disgusting complication.

It is an ointment made by cooking the shoots and tender leaves of the common elder in lard. It therefore differs from the *unguentum sambuci* of the London Pharmacopœia, which directs the flowers as the part of the plant to be used. With this ointment the parts are to be dressed and the splints smeared.

I learned its value during the treatment of a severe case of compound and comminuted fracture, with wounds of the arm. Like the author of the paper referred to, I had tried a multitude of remedies against the unwelcome intruders, but without avail. An "old woman" urged a trial of the ointment now proposed, and it proved at once perfectly effectual, although used *without faith*.

This is the extent of my experience; no opportunity of testing its virtues again has presented itself. May I therefore express the hope that, as the remedy is everywhere to be procured, some of your readers will try it, and communicate to you the result.

J. C. R.

Dayton, Ohio.

FOREIGN CORRESPONDENCE.

LETTER VII.

THE INTERNATIONAL EXHIBITION.

By PROF. CHARLES A. LEE.

London, July 6, 1862.

There are numerous objects of great interest to medical men in the great International Exhibition, to which I propose to devote a few letters. The magnificent display of the products of nature and art from every part almost of the habitable globe, far greater than has ever before been collected in one place, would well repay an American for a trip across the Atlantic; and, apart from the natural scenery and geographical features of different countries, will teach the careful observer more in one week than would be learned by many months or even years of travel. I have devoted a week or more to the examination of the various articles, and feel that I have but just begun to know even superficially what is to be found in the great collection; to do the individual articles justice or examine them so as to be a source of profit hereafter, would require many months of careful study.

Let us first glance at the chemical and pharmaceutical products. These are chiefly contained in the Eastern annex. They may all be included under the heads of, Chemicals used in manufactures; fine chemicals and rare products; dyes, pigments, and varnishes; pharmaceutic alchemicals and drugs; and miscellaneous chemical manufactures. Under the first class may be included the various acids, iodine, phosphorus, alkalies and their compounds, alum, sulphate of copper, chloride and oxide of tin, nitrate of lead, chloride of gold, nitrate of silver, benzole, etc. *Amorphous phosphorus*, which is much harder and less inflammable than the ordinary form, is worthy of notice, inasmuch as its manufacture does not cause disease among the workmen, and the manufacture of Lucifer matches from it has just been introduced into England, although employed for this purpose several years past, I believe, on the Continent. In the matches made from it, the match-tip contains chlorate of potash, and the friction tablet on the box, amorphous phosphorus; and it is not till the two are rubbed together that combustion can take place, the two bodies when separate being incapable of becoming inflamed by friction. The peculiarity of these matches therefore consists in the separation of the two materials which by friction cause combustion. Amorphous phosphorus is only inflammable when rubbed in contact with chlorate of potash or black oxide of manganese; of course they do not ignite by any ordinary friction, and no danger arises from their being carelessly used or thrown about by children.

Splendid and numerous specimens of crystals of carbonate of soda are exhibited, some masses in nearly perfect rhomboidal prisms, many inches in length. The importance given to this substance is readily perceived, when we learn that there are now over fifty establishments in Great Britain in which soda is manufactured on a large scale by the decomposition of common salt with sulphuric acid, producing 3000 tons of soda ash per week; 2000 tons of soda crystals, 250 tons of bi-carbonate of soda, and 400 tons of bleaching powder also each week, the total annual value exceeding two millions sterling.

There are also beautiful specimens of the metal *sodium*, which until lately was a purely chemical curiosity, but now manufactured in large quantities as a commercial article, for the purpose of reducing aluminium from its compounds. It is silver-white; so soft at ordinary temperatures that it may be easily cut with a knife or pressed between the finger and thumb; melts at 194° F., and oxidizes rapidly in the air, inflaming when a few drops of water are added to it. But perhaps there is no more interesting display in the list of chemicals than that of the *Cave Products*, including *aniline* and its various salts, and aniline dyes. But before speaking of these, I may refer to a splendid collection of *bile products;* a piece of *iron* made from the blood of an ox; a specimen of the new metal *thallium*, lately discovered by means of *spectrum analysis* by Mr. Crooke; and specimens of *cæsium* and *rubidium* discovered in the same manner by Bunsen and Kirchoft. I have already referred to this subject in one of my former letters, but its importance perhaps deserves further elucidation. At a late meeting of the Royal Society I saw the subject beautifully illustrated by electric light, and a large solar spectrum by Professor Miller of King's College. If any salt of soda is burnt in a flame it gives a yellow light, and if a beam of this monochromatic light is passed through a prism it produces a well-defined series of red lines, lithium another set, and thus it is found that every substance produces its own peculiar spectral image. In this way the two new metals here exhibited, *cæsium* and *rubidium* (*cæsius*, grey—*rubidus*, red) were discovered in the alkaline waters of Durkheim, but in so small a quantity, that he evaporated down 500 tons of this water to get about 100 grammes of the chloride of rubidium, and 70 grammes of the chloride of cæsium; so that out of 44 tons of water, he got only about 200 grains of the mixed chlorides of these two new metals. Dr. Stenhouse exhibits a choice collection of the proximate principles discovered by him in the *lichens* and *algæ*, with other rare chemicals, the result of his own researches; while Dr. Church contributes a curious collection of the rare vegetable acids, such as *toluic acid*, *suberic acid*, *picric acid*, and their salts, with many others. Never before have I seen such large quantities of the *vegetable alkaloids* and their *salts*, as are exhibited by Mr. Hulle and Mr. Squire. Here are all the products of opium; the alkaloids yielded by the aloe tribe; and *coffeine*, of which the coffee of Martinique yields much the largest percentage; also *theine*, the *volatile organic acids* and their *ethers*, *essential oils* and their *essences*, etc. The splendid specimens of *paraffin* call to mind a suggestion which the rare sagacity of Liebig made more than ten years before its discovery. "It would certainly be esteemed one of the greatest discoveries of the age," says Liebig, "if any would succeed in condensing coal gas into a white, dry, solid, odourless substance, portable, and capable of being placed on a candle-stick or burned in a lamp." And now we have the solid white paraffin made into candles, whiter and finer than the purest wax, while the liquid products are sold for burning in lamps and for lubricating properties. It is worthy of mention that not a single explosion has ever occurred from Young's paraffin oil, although millions of gallons of it have been consumed in Great Britain. Many dangerous naphthas, however, are sold under this name. Most of the specimens of paraffin in the exhibition, have been obtained from turf or peat, and brown coal, although it may be procured from the various petroleums, bitumens, and coal oils, or bituminous coals. We can hardly over-estimate the importance of this discovery. I suppose that this is the finest collection of chemical products the world has ever seen. But let us return to *aniline* and its beautiful dyes. This substance, first formed by Unverdorben, by acting on indigo with hydrate of potash, is a colorless limpid liquid, of an agreeable vinous odor and burning taste, and takes its name from *anil*, an Indian word, applied to one of the plants from which indigo is obtained; afterwards it was found in coal; and, in 1856, Bechamp discovered a method of forming it from benzole, by mixing it with nitric acid, which converts it into *nitro-benzole*, and then subjecting it to the action of acetate of iron, in the form of acetic acid and iron-filings—the resulting decomposition furnishing aniline in large quantities. As it is a base, it forms crystallizable salts with acids, which are analogous to those formed from the metals. The sulphate is the salt generally used in the manufacture of dyes. I believe it was Dr. Hoffman, who, by pointing out the test for the presence of aniline, led the way to the discovery of the new and splendid aniline series of dyes: although it was Mr. Perkins, son of the American steam-gun Perkins, who discovered *mauve*, or "Perkins's purple," whilst endeavoring to make artificial quinine. I need not point out the chemical processes for obtaining these magnificent new colors, as they may probably be found in recent chemical works. They are known as *mauve*, *magenta*, *fuchsine*, *rosaniline*, *indisine*, *azaleine*, *etc.*, which are only modifications, probably, of the same substance, *aniline*. There are three large splendid crowns of acetate of rosaniline, in large octahedral crystals, possessing a metallic lustre, rivalling in effect the wing cases of the most brilliant Indian beetles.

I pass over the *dyes from lichens and madders*, *lac-dye*, *indigo*, the various *pigments and varnishes*, *etc.*, which, though highly useful in the arts, are not particularly connected with medical science, to notice *Medical and Pharmaceutical Products*. The Pharmaceutical Society of London exhibits a very complete collection of these, including nearly every preparation found in the new edition of the British Pharmacopœia. Here, perhaps, is the finest collection of *Cinchona Barks* ever brought together; each specimen of bark being placed in front of an excellent specimen of the species of cinchona tree from which it has been taken; near by, also, are specimens of the living plant; associated with them is a fine series of quinine and other cinchona alkaloids. The samples of *ether*, *chloroform*, the *essential oils*, and the *opium alkaloids*, are on a very large scale, while the specimens of *codeine* are, perhaps, the finest ever seen crystallized in large masses. *Cod-liver* and *Dugong oil* figure largely, while there is a large display of the various *syrups;* among the rest, our American preparation of the *compound syrup of phosphate of iron*, absurdly called "chemical food." The *Fluid Extracts* of the most important substances are also exhibited; and as alcohol is considered as a very objectionable adjunct in making these preparations, *glycerine* is subtituted in its place, as well as a solvent for many of the alkaloids and other vegetable principles. It has this advantage, that fluid extracts prepared with it remains unchanged for a long time, and are perfectly miscible with water. The extracts, I believe, contain about 15 per cent. of glycerine. Here also, I saw *pepsine wine*, *santonin*, *kamala*, and cigarettes of the *datura tatula*, which is believed by many superior to the common stramonium in alleviating asthmatic complaints.

I should have stated that the *chloroform* exhibited is chiefly from the manufactory of Messrs. Flockhart, Duncan and Co., of Edinburgh, whose establishment I visited in 1849, and was furnished with their formula. They then had acquired a great reputation for the excellence and purity of the article they produced, and this reputation has been fully sustained to the present time. The samples which they now exhibit, are produced from pure alcohol and also methylatic spirit. No one can examine this extensive collection of pharmaceutical products, contributed by many pharmaceutists, not only of London, but also of the country, without being struck with the very great advancement made in this branch of our profession, within the last ten or fifteen years. Not only have many new substances been discovered or isolated from the crude vegetables containing them, but the evidences of more careful, scientific and skilful manipulation are everywhere apparent. This is especially obvious in the preparation of *solid* and *fluid extracts*, as well as *syrups* and *ointments*. Still, there can be no doubt that these latter are far inferior to the same preparations of the Messrs. Tilden of New Lebanon, and other manufacturers in the United States; inasmuch as they are not prepared *in vacuo*, I believe, in a single instance. The vacuum-process has long been adopted in our *own* country as well as France, but scarcely at all in Great Britain; hence, their solid and fluid extracts, though elegantly put up, are quite inferior in efficacy to both American and French. They neither keep as well, nor are they of equal strength. It seems to be supposed by some, that evaporation *in vacuo* can only take place at a temperature of 212° F., which would be sufficient to decompose the active principles of the articles employed. But the Tildens conduct this process at the temperature of 120°. There are some extracts exhibited from which the albumen has been removed; some inspissated at low temperatures in a current of dry air, and some effected in shallow earthen pans at a temperature not exceeding 120°, with constant and active agitation. There are, probably, very few specimens but what would become mouldy on exposure to the air, and few but what would rapidly deteriorate from the same cause. I do not find that much attention has been paid here to the influence of cultivation, different soils, or fertilizers, in modifying the constituent principles of plants. In this respect our countrymen and especially the Messrs. Tilden have taken the lead, although Mr. Lawes of Rothamstead has recently instituted some experiments in the same direction.

But I am in danger of extending my letter to too great a length. I have recently been visiting and obtaining plans, etc., of the best constructed civil and military hospitals in Great Britain, and have been kindly aided by the government official's especially Capt. Galton, one of the commissioners appointed by Parliament in connexion with Lord Herbert and Dr. Sutherland "for improving the sanitary condition of Barracks and Hospitals." Hereafter, I shall have something to say on these important subjects.

Medical News.

Acting Surgeon-General.—Surgeon J. R. Smith, U.S.A., is now engaged as Acting Surgeon-General, in place of Surgeon-General Hammond, now absent on an official visit to Philadelphia, New York, and places further north.

Surgeon A. K. Smith, formerly of the Army of the Potomac, has been appointed Medical Director of Transportation at Philadelphia.

Brigade-Surgeon Waston, formerly engaged on board the Potomac Hospital boats, has been ordered to Gen. Sturges's command as Brigade-Surgeon.

Dr. Wm. J. Hutchinson has been relieved from duty at the Fall's Church Hospital, and ordered to do duty in his regiment.

Brigade-Surgeon D. P. Smith has taken charge of the convalescent camp at Fairfax Seminary in place of Dr. Armstrong, now doing duty at Fall's Church.

Surgeon B. E. Freyer, formerly of Columbia and Mount Pleasant Hospitals, has been ordered to St. Louis.

Four thousand empty beds are now at the disposal of the Medical Director in the hospitals about Washington, including churches.

The Army Hospital at Portsmouth, under charge of Surgeon Sheldon, U.S.A., is transferred to the Navy Yard, and will henceforth be under the charge of Dr. Wood, Surgeon of the Navy.

The Hospital at Point Lookout.—The Government is now building a large and commodious hospital, capable of holding 2,000 sick and wounded soldiers, at Point Lookout, Maryland.

TO CORRESPONDENTS.

G. C. (Wisc.)—According to the *Tax Bill* a physician for license, including the right to keep medicines for his own business, is taxed $10.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 28th day of July to the 4th day of August, 1862.

Deaths.—Men, 90; women, 75; boys, 183; girls, 159—total, 457. Adults, 165; children, 292; males, 223; females, 234; colored, 9. Infants under two years of age, 62. Children reported of native parents, 21; foreign, 288

Among the causes of death we notice:—Apoplexy, 7; infantile convulsions, 25; croup, 10; diphtheria, 14; scarlet fever, 9; typhus and typhoid fevers, 12; consumption, 52; small-pox, 2; measles, 2; dropsy of head, 16; infantile marasmus, 38; cholera infantum, 92; inflammation of brain, 10; of bowels, 12; of lungs, 10; bronchitis, 7; congestion of brain, 8; of lungs, 6; erysipelas, 0; diarrhœa and dysentery, 14. 278 deaths occurred from acute disease, and 32 from violent causes. 327 were native, and 130 foreign; of whom 83 came from Ireland; 65 died in the City Charities; of whom 12 were in the Bellevue Hospital, and 4 died in the Emigrant Institution.

Abstract of the Atmospherical Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

July and Aug. 1862	Barometer.		Temperature.			Difference of dry and wet bulb. Thrm.		Wind.	Mean amount of cloud.	Humidity Sat'tion, 1000
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	IN.	IN.	°	°	°	°	°			
27th.	29 93	.05	75	67	82	8	12	N. to S.	2	582
28th.	29.98	.04	80	67	84	10½	17	W. to S.	0	570
29th.	29.94	.11	78	70	86	7½	11	W. to E	4	590
30th.	29 95	.04	75	67	85	8	11	S W.	2	582
31st.	29 96	.08	77	67	86	10	16	S.W	2	570
1st.	29 98	.04	77	65	88	11	16	N. to S.	0	466
2d.	29.99	.07	80	70	90	14	22	S.W. to S.	.07	378

REMARKS.—27th, Clear day; sultry, P.M. 28th, Sultry A.M.; hottest at noon; fresh wind, P.M. 29th, Cloudy P.M., with thunder, lightning and light rain. 30th, Rain early A.M.; clear day. 31st, Clear; variable at noon; wind moderate. 1st, Wind fresh A.M; clear day. 2d, Very hot, clear; dryest day of the year. Barometer ranged high during the week; amount of rain 0.2 in.

Lectures on Ophthalmic Surgery.—

DR. HOMBERGER will begin his Course on the *Practice and Theory of Operations on the Eye*, on Tuesday the 5th of August, at 8 o'clock P.M., at the Eastern Dispensary, corner Grand and Essex Streets.

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To the Medical Profession.—Dr. I.

Parigot has changed his residence and is prepared to receive a very limited number of patients in his country house at Hastings, on the Hudson; he can be consulted in town at Dr. Douglas' Office, No. 12 Clinton Place, on Tuesdays and Saturdays, for Nervous Diseases and Medico-Legal questions.

Wm. H. Davol, M.D., late Physician

to L. I. College Hospital, Brooklyn, removed to St. Paul, Minn.

References.—C. L. Mitchell, M.D., T. L. Mason, M.D., Prof. E. N. Chapman, M.D., of Brooklyn; Prof. Austin Flint, M.D., Prof. B. F. Barker, M.D., of New York.

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cinal Purposes. The undersigned, Agent of Messrs. PAUL DE CONINCK, MONOD & GUIRAUD, of Bordeaux, France, calls the attention of Physicians and Druggists to his stock of Wines, etc., which are warranted strictly pure.

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The next Annual Course of Lectures will commence on Monday, October 20, 1862, and will terminate in the early part of March, 1863.

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B. I. RAPHAEL, M.D., Professor of the Principles and Practice of Surgery.
CHARLES A. BUDD., M.D., Professor of the Theory and Practice of Midwifery.
A. JACOBI, M.D., Professor of Infantile Pathology and Therapeutics.
E. NOEGGERATH, M.D., Professor of Clinical Midwifery and Diseases of Women
J. V. C. SMITH, M.D., Professor of Anatomy.
WM. F. HOLCOMB, M.D., Professor of Ophthalmic and Aural Surgery.
SAMUEL R. PERCY, M D., Professor of Materia Medica and Therapeutics.
HENRY G. COX, M D., Professor of Theory and Practice and Clinical Medicine.
CHARLES A. SEELY, Professor of Chemistry and Toxicology.
HON. JOHN H. ANTHON, A.M., Professor of Medical Jurisprudence.
——————— Professor of Physiology of Microscopic Anatomy.*
JAMES E. STEELE, M.D., Demonstrator of Anatomy and Curator of the Museum.
GEORGE WOOD JEWETT, M.D., Assistant to the Professor of Midwifery.
WM. BALSER, M.D., Assistant to the Professor of Infantile Pathology.
F. S. SNEADE, Janitor.

A preliminary term will commence on Monday, September 15th, and continue until the Regular term begins. This Course will be GRATIS to those students who intend taking a full winter Course, and will be as follows;—

On Amputations, by	PROF. CARNOCHAN.
" Gunshot Wounds, by	PROF. RAPHAEL.
" Pregnancy, by	PROF. BUDD.
" Anatomy and Physiology of the New Born, by	PROF. JACOBI.
" Bandaging, by	PROF. HOLCOMB.
" Anatomy of the Regions, by	PROF. SMITH.

Material for dissection is abundant, and furnished to students at a mere nominal price.

Daily Clinics are held at the College.

Further information as to Lectures, Terms, etc., may be obtained by addressing

PROF. B. I. RAPHAEL, M.D.,
Dean of the Faculty, 91 Ninth Street.

* Prof. Browne having received the appointment of Brigade Surgeon, has resigned the chair of Physiology. The chair is now vacant, but will be filled before the commencement of the Course.

American Journal of Ophthalmology

JULIUS HOMBERGER, M.D., EDITOR.

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geon, or Practical Observations on Gunshot Wounds. 12mo. Edinburgh, 1862. $1.50.

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Every physician, every work of medicine, regards the Iodide of Iron as an excellent preparation, uniting the properties of both Iron and Iodine.

Each pill contains one grain of Iodide of Iron, the dose is two to four pills a day. None are genuine which have not a reactive silver seal attached to the lower part of the cork, &c., &c.

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BONJEAN'S ERGOTINE & DRAGÉES OF ERGOTINE.

Bonjean's Ergotine, or purified Extract of Ergot, is the extractive principle of Secale Cornutum, minus its poisonous substance. In consequence, *Bonjean's Ergotine* may be given in doses proportionate to the danger of the case, without any risk for the life of the patient. The dose of *Bonjean's Ergotine* is from five to 10 grains, daily. One dragée (three grains) may be given, crushed, every two or three hours, in some grave cases of uterine hemorrhage.

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QUEVENNE'S IRON AND DRAGÉES OF IRON
BY HYDROGEN.

Physicians desirous to have a faithful article, will prescribe *Genuine Quevenne's Iron*, which is always uniform and reliable, and quite different from the commercial Iron by Hydrogen.

It comes in small bottles, with a tin spoon containing two grains of Iron, which is a dose. E. GENEVOIX, 14 Rue des Beaux Arts, Paris.

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The unfriendly action of Copaiva on the stomach, causing nauseous eructations and gastric derangements, renders its continued employment often impossible. In Lebel's Savonules, the Balsam, by its saponification with an alcali, is modified in such a manner, that its digestion is easy and its absorption more ready, besides its elegant form and disguise under a coating of gluten, recovered by sugar as a dragee, neither offend the sight nor displease the palate.

PIERLOT'S VALERIANATE OF AMMONIA,
FOR NERVOUS AFFECTIONS.

This preparation is not at all like the one prepared by Apothecaries, after the formula published in the journals; its odor, its taste, and above all, its success, where the other one fails, will tell at once how different they are one from the other.

Genuine Pierlot's Valerianate of Ammonia is a most efficacious remedy in *Neuralgia, Epilepsy, Convulsions, Hysteria*, &c., &c.

DOSE.—Two to three teaspoonfuls daily.

PIERLOT, Phen., 40 Rue Mazarine, Paris.

BOUDAULT'S PEPSINE,

Successfully prescribed in *Dyspepsia, Gastralgia, in slow* and *difficult digestion*, in *chronic diseases*, and also to arrest *vomiting during pregnancy*.

DOSE.—Fifteen grains in powder, two or three times a day, just before eating.

LABELONYE'S GRANULES OF DIGITALIS,

Each Granule contains one-third of a grain of Hydro-alcoholic Extract of Digitalis Purpurea. This preparation is an excellent sedative, a powerful diuretic, and is perfectly acceptable to the stomach. They regulate well the *Pulsations of the Heart*, increase rapidly the urinary secretions, act remarkably well in the *Nervous Palpitations, Aneurisms*, and *Hypertrophies* of the *Heart*, in various kinds of Dropsies, principally those symptomatic to the Heart.

DOSE.—Four to ten Granules daily.

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FRUNEAU'S ASTHMATIC PAPER.

This paper contains a determined quantity of Nitrate of Potash, Belladonna, Hyosciamus, Stramonium, and it burns well, and its pleasant fumes near the patient, in a closed room, relieve immediately all oppressions.

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These Dragées compound of Santonine and Jalapine are at the same time vermifuge and purgative—being coated with sugar they are pleasant to take, even for children. Each Dragée contains half a grain Santonine and one-fifth of a grain of Jalapine, with chocolate and coated with sugar.

DOSE.—Ten to twelve a day for an adult, repeated three days.

GELIS & CONTÉ'S DRAGÉES OF LACTATE OF IRON.

Approved by the French Academy of Medicine.

The superiority of action of the *Lactate of Iron* is duly attributed to its perfect solubility in the gastric juice. It is daily prescribed for *Chlorosis, Whites, Amenorrhœa*, and general debility. Each Dragée contains one grain Lactate of Iron.

DOSE.—Two to three, three times a day.

PAULLINIA-FOURNIER,

Is daily administered as a tonic and principally for the nervous system, hence its advantageous application for *Neuralgia, Headache*, convulsions of the stomach, &c., &c. It is favorably spoken of by Drs. Trousseau, Pidoux, Grisolle, &c., &c. No. 26 Rue d'Anjou St. Honoré, Paris.

E. & S. FOUGERA'S DRAGÉES AND SYRUP OF PYROPHOSPHATE OF IRON.

The efficacy of this new preparation, containing two important elements of our system, Iron and Phosphorus, is admitted by all Physicians who have employed it. Being borne easily by the most delicate stomachs, it agrees very well with young ladies; it is used with decided benefit in cases of *general debility, Anemia, Dyspepsia, Neuralgia*, and principally where a nervous tonic is indicated.

DOSES.—Two to four Dragees, three times a day, or a dessert to a teaspoonful three times a day. For children in proportion.

PERSONNE'S IODINISED OIL.

APPROVED BY THE FRENCH ACADEMY OF MEDICINE.

This Oil, containing Iodine in an elementary combination, is very much like sweet almond oil in its taste and color; it has great advantages over cod-liver oil, as it can be administered in smaller quantity and without disgust for the patient. Ricord says: that the cure, or at least some modification of the disease, have always been obtained quicker with Personne's Iodinised Oil, than with cod liver oil. This oil is used in the same cases as codliver oil. DOSE.—A teaspoonful two or three times a day.

No. 19 Rue Bourbon Villeneuve, Paris.

E. & S. FOUGERA, Pharmaceutists, New York and Brooklyn,

GENERAL AGENTS FOR THE ABOVE PREPARATIONS.

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Original Lectures.

COURSE OF LECTURES
ON
DENTITION AND ITS DERANGEMENTS.

DELIVERED AT THE
NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL
IN THE PRELIMINARY COURSE.
SESSION 1860-61.

By A. JACOBI, M.D.,
PROF. OF INFANTILE PATHOLOGY AND THERAPEUTICS.

LECTURE XI.—PART III.

Liability to Convulsions decreasing with Age.—Various Causes of Convulsions.—Dental Convulsions.

THE equality of a portion of the symptoms in a large number of cerebral diseases is a well known fact. The prevalent liability to one of them, viz. convulsions, is a peculiarity of infantile age. The smallness of the large hemispheres explains the suddenness of the loss of consciousness in very young children, the undeveloped condition of the cerebellum, the loss of power over every one of the voluntary muscular actions; thus convulsions are a very frequent occurrence in very early infancy, and it can be said, that the number of cases decreases with every month. This is positively true, and the often repeated statement of the greater frequency of convulsions during dentition, that is, during and after the second half-year, is a mistake. My own experience, moreover, has not been able to convince me of an assertion I have often heard from good observers, viz. that the period of the second dentition should be more fertile in attacks of convulsions than that immediately preceding. Let us see, however, on which facts this assertion is based, and whether or not dentition, either first or second, is so very influential in producing convulsions, that the diminution of attacks with increasing age should be essentially interfered with. It will be our main object to investigate the principal causes of convulsions in infantile age, the place among these causes which can reasonably be assigned to dentition, and thirdly, the manner in which the protrusion of a tooth can become the cause of an attack of convulsions.

I have spoken of cerebral and meningeal hyperæmia and anæmia as causes of convulsions. Almost every one of the morbid conditions of the brain, and many of the skull, have the same results; for instance, inflammation and its consequences, mollification, pseudoplasms particularly of tubercular nature, exostoses of the cranium, etc. These are very frequent causes of convulsions, and allow of but an unfavorable prognosis. Their majority is not of a primary nature, but the secondary result of diseases in distant organs, as the digestive organs; or of dyscrasic affections, or some functional anomalies; they are very generally followed by effusion, or complicated with cerebral hyperæmia of more or less serous character. Such convulsions afford the aspect of a real cerebral affection, the attacks being either clonic or tonic, and always combined with loss of consciousness. Sometimes they show a singular periodicity; epilepsy is often traced to early infancy. Only in such cases where the spine is gradually participating in the affection of the cerebral substance or its meninges, the convulsions assume a peculiar tetanic character. As a general rule, they are universal; the muscles of the face, thorax, and abdomen, and the extremities, appearing to be principally affected, either contemporaneously or alternatively. Sometimes, however, they are singularly local. Both in children and in adults, the m. rectus internus is frequently convulsed by an affection of the m. abducens; the oculomotory nerve, the motory portion of the fifth, facial, and hypoglossus nerves are frequently the only parts affected; and the local convulsion of the gastrocnemius muscle, depending on a few ramifications of a spinal nerve, is no rare occurrence.

Next to those mentioned hitherto follow the convulsions depending on some change taking place in the blood. Poisons introduced into the system, like opium, nux vomica, and strychnia, lead, mercury, and ergot, produce convulsions belonging to this class. Obstructions in the venous circulation of the brain or the large vessels of the neck have similar effects, while obstruction in the arterial circulation is attended with quite different symptoms. For ligating the carotid arteries, or emboli in one or more arteries of the brain, are very apt to give rise to sudden paralysis. To this class there also belong changes taking place in the milk of the mother or wet-nurse, in consequence of alcoholic beverages or mental emotions. Further, the effect of malaria and the unknown principles active in the eruptive stages of exanthematic fevers; the decomposition of the blood in phlebitis and pyæmia, uræmia, and cholæmia.

Of a somewhat different nature are those convulsions which depend on anomalous functions of, or contents in, the stomach or intestinal canal. Improper food and therefore defective digestion, fermentation, flatulency and colic, and intestinal worms, are almost as frequent in the wealthy as in the poor; therefore convulsions from this cause are often observed, but fortunately in their majority not very dangerous; spontaneous vomiting, or evacuation of the bowels, will very often have set in before the doctor has time to call, and the child appearing to struggle a short while before, as if dying, is lively and busily engaged with his toys. Not quite so frequent as the former are such convulsions as depend on diseases of the respiratory organs. Sometimes a severe attack of bronchitis or pneumonia will set in with convulsions, but generally the last stage in fatal cases will be the most usual time for their appearance; then they are but the symptoms of imminent death. General convulsions during the spasmodic attacks of hooping-cough are not very frequent; they are observed as the results of the spasmodic contraction of the abdominal muscles, diaphragm, and the expiratory muscles generally, which repel the blood into the large veins and produce cerebral congestion, by not allowing the blood to leave the cranium by means of the jugular veins. They are dangerous from two causes; first, from the congested condition of the cranial cavity, and finally from the more or less protracted period necessary to subdue a severe hooping-cough. This danger is a real one, in spite of the improved means of really both shortening the duration, and mitigating the attacks of this disease.

The urinary and sexual organs also influence the nervous system sufficiently to give rise to convulsions. The allusion to uræmic poisoning of the blood, of which I have spoken just now, will suffice to direct your attention to diseases of the kidneys and albuminuria. Testicles retained in the inguinal rings have been known to produce convulsions. Diseases of the bones also have a similar effect, if we are to follow the opinion of such authors as consider rhachitis, and the rhachitical condition of the cranial bones, as a disease of the osseous system. I must say that I do not participate in this opinion; the rhachitical process shows best in the bones, but they are neither the only, nor even always the most important part amongst those affected. And as to craniotabes I do not hesitate to say, that the convulsions occurring during its course are the result of meningeal and cerebral effusions which are very apt to take place contemporaneously. Hypertrophy, however, of the cranial bones, and premature ossification of the cranial fontanels and sutures, will sometimes give rise to convulsions.

Finally, I should mention the occurrence of convulsions resulting from influences on the external skin and sensory organs. Refrigeration, by both congestion to the internal parts and irritation of the peripheric nerves, is known to have this effect, sometimes; so is brilliant and sudden light striking the eyes, or unexpected and extraordinary sound hurting the ear.

After all, the origins and seats of convulsions show a great many varieties. While a number of cases depend on the nervous centres, particularly the brain, others depend on some irritation influencing either the course of the nerves or their peripheric ends. Of the highest importance, however, are such as depend on the irritation of sensitive nerves, which at the origin of both the sensitive and motory nerves is communicated to the latter, by them reflected to their peripheric ends, and there active in the muscular contraction. To the class of these reflected spasms, reflex convulsions, belong those of which we have spoken as produced by irritation of the urinary and sexual organs, of the skin, and of the respiratory and digestive organs. To this class also belong those cases, which undeniably may be observed sometimes as the result of irritation of the last ramifications of the dental nerves. This will happen in such cases, in which the protrusion of a tooth is really attended with, and even prevented by, an inflammatory disease of either the jaw or gum.

Original Communications.

DIFFICULT OBSTETRICAL CASES.

By GEORGE T. ELLIOT, Jr., M.D.

PHYSICIAN TO BELLEVUE HOSPITAL AND THE LYING-IN ASYLUM, CONSULTING PHYSICIAN TO THE NURSERY AND CHILD'S HOSPITAL.

(Continued from Feb. 15th, 1862.)

Case LXXXVI.—*Brow presentation—Forceps and version failed in consequence of the powerful unyielding contraction of a circular band of uterine muscular fibres; perforator, crotchet, and craniotomy forceps having also failed, the patient was finally delivered with the cephalotribe—Chloroform.*

Mrs. —— fell in labor with her fourth child in the night of the 6th of March, 1862, under the care of Drs. Bishop and Case. She was robust and well built, but the antero-posterior diameter of the brim was somewhat undersized, and her previous labors had been slow on this account, but had terminated successfully both to mother and child without interference. Dr. Case informed me, when he came for me, that Dr. Bishop had failed to deliver either by version or forceps, and being thoroughly acquainted with his great ability in obstetric operations, I took my cephalotribe with the other instruments. By the time of my arrival, March 8th, the waters had been discharged for more than twelve hours. The brow presented, with chin directed to the right sacro-iliac synchondrosis; os fully dilated; child evidently full size. No advance had been made through the brim, nor was there any arrest by any portion of the pelvic brim; on the contrary, flexion could be very readily brought about, and the presentation converted into that of the vertex. When this had been accomplished, the posterior fontanelle was directed to the middle of the left ilium, and my forceps were readily applied by passing the first blade in front of the left sac.-il. syn., and carrying the other directly to its place behind the right acetabulum. But my strongest tractions failed to do more than reproduce the brow presentation. A repetition of the manœuvre had the same effect. In short, the head would turn as it were on a pivot, but not advance in its totality. One blade used powerfully as a vectis accomplish nothing. It was evident that neither Dr. B. nor I could accomplish anything in this way. Proceeding to turn, I then found exactly what Dr. B. had described, viz. that the arrest was due to a circular uterine band, tetanically contracted a little below the shoulders of the child. Thus the knees were above this circular constriction on the right side of the uterus, and I toiled vainly without being able either to bring one down, or to push a leg by pressure from above through the right side of the uterine wall. All efforts at version by external manipulation alone, or conjoined with the hand in the vagina, failed also, when I recommended craniotomy. Before doing so, however, Dr. Bishop again renewed his efforts, and succeeded in bringing the left foot to the brim of the pelvis, from which place we could advance it no further nor push up the head.

It is important to mention that during the operations of Dr. Bishop before my arrival, chloroform had been given, and that during all these efforts Dr. Case kept the patient as profoundly under its influence as possible, without in any way relaxing the tonic spasm of the fibres referred to.

Careful exploration now enabled us to reach a loop of pulseless funis, and thus all objections to craniotomy being removed, I opened the head, and broke up the brain. Both the crotchet and the craniotomy forceps broke away piece after piece of the well ossified head without advance. Under these circumstances, with the full approbation of the gentlemen present, I took the cephalotribe (Scanzoni's) and without any difficulty locked it, and crushed through one diameter. Still my tractions did not avail, and it was thought better that it should be reapplied, in an opposite diameter, which was again readily effected. Having again crushed through the fœtal skull; by the unyielding grasp of this powerful tractor, I withdrew the head and overcame the obstacle. The child was a male and of large size. Leaving the placenta to the management of Dr. Bishop, I was surprised to be called again to the bedside, to notice the curious way in which the constriction described had reproduced itself, or rather, perhaps, had steadily advanced with the altered uterine bulk, and now retained the placenta in an imperfect hour-glass. This, however, did not make the removal of the after-birth (which was not adherent) an operation of difficulty, though it necessitated the introduction of the whole hand. In so doing the brim of the pelvis and lumbar vertebræ were carefully explored.

Without the aid afforded by this powerful yet thoroughly manageable cephalotribe, I do not know how long it would have taken to overcome the singularly strong and tenacious grasp of this tonic uterine spasm.

Mrs. —— recovered perfectly.

Case LXXXVII.—*Forceps for Cessation of Fœtal Heart Sounds.*

Mrs. K—— engaged me in October, 1859, to attend her in her fourth confinement. Her three children had been still-born at term, and two had presented the breech. On examination I found that the head presented, and the fœtal heart sounds were distinct. Within a fortnight the labor commenced, and proceeded without anything worthy of note—occiput anteriorly, inferior strait reached—until suddenly the fœtal heart sounds, which I had been watching attentively, grew faint and stopped. Without waiting for chloroform, I immediately delivered with forceps, and succeeded in reviving a feeble but well developed child. Unfortunately, however, it died at the age of two months from pneumonia. It is my conviction that many still births might be prevented by more frequent examinations of the fœtal heart than are customarily made during the progress of labor.

Case LXXXVIII.—*Albuminuria.—Convulsions.—Forceps.—Mother and Child did well.*

Dr. Winter sent for me on the 14th of September, 1861, to a primipara, aged 20, in puerperal convulsions, which had then recurred during five hours. She was unconscious on my arrival, and had been so for two hours. Head presenting in the first position, descent completed. Dr. W. kept up the moderate use of chloroform, and I delivered a living child with forceps. This young mother, like so many others, presented on careful examination, neither puffiness, pallor, nor œdema, nor any expression of the albumen with which her urine was loaded. Mother and child did well.

Case LXXXIX.—*Powerless Labor.—Delay.—Unexpected change of Fœtal Head.—Forceps.—Both did well.*

Mrs. F——, primipara, was confined September 19, 1861. Duration of labor, twenty-four hours. At the commencement of labor the head presented in the first position, a fact recognised by Dr. Barker and myself. The progress was slow and unsatisfactory, pains ineffectual, and not strengthened by ℥j. of Squibb's fl. ext. of ergot and ʒ vj. of Neergaard's saturated tincture. After waiting twenty-four hours, Dr. Thomas was called in consultation, and I requested him to decide the question of interference. He advised the use of forceps, and recognised the posterior fontanelle just behind the right acetabulum, where indeed it was, having passed there during the twelve hours or more which had elapsed since my examination of the position. As she had a systolic, mitral, cardiac murmur, she was brought under the influence of ether by Dr. Thomas, when I delivered her of a living female child with forceps. The parietal bones were remarkably thin and parchment-like, and the sutures quite wide. The placenta was so tightly grasped by irregular uterine contraction, that it had to be removed by the hand. The child had some hæmorrhage from the vulva on the fourth day, after which it did well. Mother recovered perfectly.

Case XC.—*Albuminuria.—Post-partum Convulsions.—Post-partum Hæmorrhage.—Subsequent Death of Mother.*

Dr. —— called me to Mrs. ——, a multipara, who had been attended by a German midwife. She had subsequently suffered from convulsions and hæmorrhage, for which the Dr. had been called, and after insuring good uterine contraction, and giving brandy by enema, he came for me. Her pallid, anæmic look, struck me more forcibly than her unconscious condition, though there were no traces of blood in the bed. On examining the abdomen, however, I found the fundus of the uterus above the umbilicus, and the womb filled with clotted blood, which was readily taken away, when a small portion of retained placenta was found. After the customary measures, position, brandy, ergot, and beef-tea, had rallied the patient's strength, I left. She was still unconscious. There was no other œdema than in the legs. Urine drawn with a catheter, and found to be very albuminous. I am informed that she died a few days afterwards.

(To be Continued.)

REPORTS ON

SOME RECENT IMPROVEMENTS IN MATERIA MEDICA AND THERAPEUTICS.

By EDWARD H. JANES, M.D.,

OF NEW YORK.

V.

EFFECTS OF THE PREPARATIONS OF IRON.

Dr. D. S. Gans, of Cincinnati, has translated from *Virchow's Archives*, and published in the *Lancet and Observer*, some observations on the effect of the preparations of iron on the tissue-change, made by Dr. Pakrowsky, of St. Petersburgh, who, after measuring daily in all the patients the temperature of the body, the quantity of the consumed food, the quantity of the excrements, the specific gravity, quantity of chlorides and urea in the urine, etc., concludes that "the temperature of the body is positively heightened by the use of these preparations. This increase results in some cases very soon; in one case it occurred after five hours, in others slower, and in one case after a long interval and after a large dose. The temperature, the morbidly lowered as well as the normal one, is increased, and if it ceases to rise after reaching a certain height, having taken a certain quantity of iron, the temperature will rise more by increase of the dose. Several days after using it, the pulse rises also, although not in all cases. Very soon, and consequent upon the increase of the temperature, the daily amount of urea in the urine increases. The use of iron increases the weight of the body. Every preparation of iron produces the same effect, and a change in the different preparations in the same patient does not alter the result. The diuretic effect of citrate of iron was very distinct in two cases, but was wanting in three under the same conditions. In all cases where iron was used, no constipation of the bowels took place, except a slight one after iodide and lactate of iron. It was borne well, and in large doses, by the digestive apparatus (nine grains pyrophosphate of iron, and fifteen grains ferrum hydr. reductum). Dropsical transudations in the subcutaneous cellular tissue were resorbed by the use of iron, even in patients with insufficiency of the mitral valve, and reappeared after stopping with the remedy. The increase of the heart's impulse, and the dyspnœa in patients with organic cardiac disease, disappeared even in cases in which digitalis had done nothing. After the normal temperature of the body had been raised by the use of iron, it lasted a considerable time after stopping with its use before returning to its normal condition; whilst the morbidly lowered temperature rose quickly by the use of iron, it fell just as quickly by stopping with its use—at least, where the other pathological symptoms continued, and where, consequently, the cause of the low temperature was not cured." From the above conclusions, the author feels justified in ascribing to iron a nutritive power. The increase of temperature indicating a stronger tissue-change is not in consequence of increase in the quantity of the blood or of the blood corpuscles, both of which are slow operations. The same may be said of the increase of pulse which follows rather than precedes the elevated temperature. Rejecting also the respiration as unaltered by the iron, and hence having no influence on the temperature, Dr. Pakrowsky directs us "to look for the effect of iron in the finest arterial and capillary system, one of the important places of nutrition, and the growth of the tissue and organs, and so much more, as the disappearance of dropsical transudations in the subcutaneous cellular tissue after the use of iron points to that system. The most probable is the supposition that the iron acts upon the contractile elements of the finest arterial branches, which must have, without doubt, a high and important influence upon the capillary circulation, and, namely, upon the degree of the tonics, *i.e.* the degree of tension of the walls of these ramifications. The iron must consequently alter the conditions of the diffusion of the elements composing the tissue and organs. Only in this way does it seem possible to explain the quick effect of iron upon the nutrition, and the resorption and the œdematous transudations."

MEDICINAL TINCTURES WITHOUT ALCOHOL.

Sir James Murray has submitted to the Surgical Society of Ireland, a process for extracting the medicinal virtues of various vegetable substances, by using for a menstruum a solution of magnesia and camphor in distilled water, holding carbonic acid in solution, instead of alcohol, the latter, on account of its exciting nature, being often objectionable and sometimes altogether inadmissible, especially in some diseases of children. Experiments had already been made and the results published, sufficient to attract his attention to this subject, especially those made by Dr. Thomas Skeete, in 1786, in which it was found that fine powder of pale bark, acted on by magnesia, produced a solution which when filtered was of a deep brown color, more bitter and astringent than even an infusion of red bark, producing a precipitate with sulphate of iron more intensely black and copious than the common infusion of bark, and possessing also superior medical virtues. Bergman and Brande found that magnesia exercised a solvent power over the most decided resinous bodies. Camphor, being an antiseptic, and rendered soluble by bi-carbonated magnesia, a solution of the two, aided by the preservative properties of carbonic acid, forms a permanent solution, which is now submitted to the profession as a general solvent of medicinal substances. The liquid itself is used with advantage in the place of camphor julep, on account of the greater quantity of camphor it contains. Aloes, buchu, calumba, cardamoms, cinchona, gentian, galls, hops, rhubarb, sarsaparilla, valerian, ginger, are among the plants suited for digestion in the aërated fluid camphor. Any one of these, in proportions of ten ounces of the dried substance, in coarse powder, may be macerated in two quarts of the solvent for some days, agitating them occasionally. It was never the intention of the inventor of these improvements either to supersede the use of proof spirit where admissible, or monopolize their preparation. The intention is to exclude alcohol only from such tinctures as cannot convey enough of the active principles of bulky drugs without dram-drinking dangers. It is claimed that when these drugs are macerated in fluid camphor and magnesia, the carbonic acid, in excess, exalts the power of the remedies and aids their preservation. The Dublin *Medical Press*, April 16, contains a more lengthy account of these preparations.

CANTHARIDES AS A THERAPEUTICAL AGENT.

The internal administration of cantharides in large doses, with the mode of its operation, forms the subject of a paper published in the Cincinnati *Lancet and Observer*, from the pen of Dr. Alex. McBride, Surgeon O. V., U. S. A., who strongly advocates it as "an agent the most powerful to rekindle the waning spark of vitality—an agent which in many cases of disease at an almost helpless stage, will rally the scattered and almost dissipated vital forces, concentrate and generalize their action, and re-establish that series of atomic changes upon which vital action depends." He was led to the investigation of the subject in the year 1854, when typhoid and continued fever prevailed to a considerable extent in northern Ohio, and he frequently saw patients in whom congestion of the lungs had supervened at an advanced stage of the fever. These were treated with the application of emplast. canthar., and in many cases with marked success, and the observation made that in those cases that were at all remediable, the abatement of bad symptoms began within thirty minutes after the application of the plasters, especially when applied over a large surface. An effect so prompt could not be due to vesication, but was supposed to depend either upon the plaster acting as a poultice to the warm part, or the absorption of cantharides. The latter theory seemed more rational to the writer, and he resolved to try the result of cantharides when administered internally, and now reports a number of cases illustrating its happy effects. The first case reported is that of a feeble woman, aged fifty, who had long suffered from an obscure remittent fever, and every few days reduced still lower by a "sinking" chill. During one of these chills sixty minims of tinct. cantharides were administered at once, from which she soon rallied, and from that time her recovery was uninterrupted. Other cases are reported, comprising one of extreme nervous depression, partial palsy, typhoid pneumonia, animal poisoning, gangrenous erysipelas, low stages of typhoid fever, cholera, etc., in all of which rapid improvement is said to have followed the first administration of the remedy. The dose was usually from ʒss. to ʒiss. of the officinal tincture, sometimes alone, sometimes in combination with ammonia, or camphor, or quinine, or iron, as each was indicated, or alternating with the iodide of potassium. In none of the cases did strangury occur, and he says it will not where the peculiar action of the remedy is plainly and clearly indicated, which means that stage of the disease which authors have pointed out as the "blistering stage." He does not disparage blistering, but in urgent cases has applied them in connexion with the internal use of the tincture; but in extreme cases we cannot wait for the absorption of cantharidin through the skin, "when vitality and blood have almost forsaken the surface," the internal administration of large doses becomes necessary to insure a speedy action. As a general indication for its use he gives the following: "*When in atonic, asthenic, or adynamic disease it is a desideratum, from whatever cause, to produce general or local capillary tonicity, the internal use of cantharides will be indicated, and in quantity proportional to the urgency of the demand.*" And again: "When turpentine is indicated to produce general action, cantharides is still more indicated, if the indication is urgent; but they should not both be given." When it is determined to use the cantharides internally, a full dose (one drachm, or perhaps more) should be given at once, after which smaller doses will generally suffice. Its repetition should not be trusted to incompetent hands, but the prescriber himself should as far as possible administer it, remembering that like all potent drugs it is as capable of doing mischief as good, and should only be given to a sufficient extent to accomplish the object desired: for if it acts by re-establishing the series of atomic changes upon which vital action depends, a too free exhibition may urge these changes beyond the point of endurance, the tendency of which would be to destroy. The writer believes cantharides to act primarily upon the capillaries, by inducing tonicity, diminishing their calibre, whereby congestion is relieved and absorption promoted; and that its action upon the general constituents of the organism throws a large amount of nitrogenized effete matter into the circulation, which the kidneys elaborate into urine, which increases the quantity of dense urine; and he has noticed the fact that so long as the urine is dense there is no strangury, but when it grows pale the quantity grows less, and if the medicine is continued strangury will follow. Hence we have the following rule:—"*Cantharides may be given in free dose (in cases where indicated) as long as the urine continues of a darker color than pale amber.*" After some observations on the local and general effects of cantharides as usually administered, he thus concludes:—"Now, in conclusion, I wish to say that I have written the foregoing facts because they are true, and ought to be known to the profession; and for the few conjectures submitted, I ask your indulgence till they are further considered."

The same journal contains a report by Dr. G. R. Patton, on

THE USE OF THE SEEDS OF THE PUMPKIN IN TÆNIA.

A number of cases are reported, all of which had repeatedly undergone the usual routine of treatment. An emulsion was made with two quarts of the hulled seeds and two quarts of water, and a large tumblerful given three times a day, preceded by a light diet and free evacuation of the bowels. The effect was in all the cases to bring away large pieces of the worm, in some of which the head was found. He thinks the pumpkin seed claims our first attention as an exterminator of tænia, the frequent failure being due to discontinuing the remedy too soon. The treatment should be maintained from four to six days, unless the head be discovered, the patient being confined to a light diet. No purgative should be used during its use, as the emulsion itself is sufficiently laxative, if a light diet be enforced.

CASES
TO SERVE IN THE HISTORY OF THE RELATION WHICH EXISTS BETWEEN

PUERPERAL FEVER AND EPIDEMIC ERYSIPELAS.

By M. PIHAN-DUFEILLAY,

INTERNE DES HOPITAUX, MEMBER OF THE SOCIETES D'ANTHROPOLOGIE ANATOMIQUE-MEDICALE D'OBSERVATION.

[Translated from the French of the Union Medicale, by Dr. P. F. O. Deslandes, of New York.]

(*Continued from* p. 74.)

Those examples of the communication of erysipelas through the miasma of puerperal fever, could not moreover receive a more striking confirmation than by the demonstration of a reciprocal action of erysipelas on the development of puerperal symptoms. This mutual influence of erysipelas and puerperal fever, the infectious emanations of which could indifferently produce one or both of these morbid conditions, according as the subject attacked would offer the conditions necessary to the development of one or both of these affections, has not, as we said, been yet studied with care, so that facts of this kind must have passed unnoticed. Hence cases sufficiently numerous and conclusive are wanting to solve this important problem.

However, we will mention a few facts, which although of limited importance in themselves, would be of great value if confirmed by recent well observed facts.

Peu, according to Veson, attributed an epidemic of puerperal fever, which devastated the *maternité* of the Hotel-Dieu, to the position of the wards, where emanations arising from the neighboring surgical wards penetrated. The suppression of this miasmatic current of air, and the change of neighborhood, sufficed to arrest the march of the disease.

In our own times we find facts quite as authentic, and perhaps more convincing. Dr. Hutchinson relates that two physicians, living ten miles from each other, had an appointment to meet at a patient's house, situated half way from the town where each of these gentlemen lived. After the opening of abscesses, the result of phlegmonous erysipelas, and the handling for some time of the affected part, both physicians went back home. Within the thirty hours following, each of them attended a woman in confinement, and, what was remarkable, both women died of puerperal fever, although not a single case of the disease existed in their village nor in the neighboring towns.

Dr. Ingleby relates that a physician was engaged in making incisions on a part affected with a grave phlegmonous erysipelas, when he was sent for in haste to attend a midwifery case. He went and confined the woman, who was attacked with puerperal fever, and soon died. During the ten following days, the same physician attended seven other women, all of whom had puerperal fever. None of his colleagues in the same city met with a case in his practice.

In the month of June, 1848, a carpenter wounded himself in making a coffin. It was in the village of Leuchars. As he was placing the deceased in the coffin, the wounded part came in contact with some liquid oozing from the cadaver. Symptoms analogous to those that attend anatomical punctures followed, lymphangitis, then intense erysipelas, which covered the arm and reached the trunk. Three days after the appearance of the erysipelas, his wife, who lived in his room, and watched him, was seized with enlargement of the ganglions, chills, fever, then extremely intense erysipelas. Meanwhile, the daughter of this carpenter, seventeen years of age, and a servant in a neighboring farm, came to her father to be confined. The day after delivery she felt a chill, became prostrate, and died in forty-eight hours with all the symptoms of typhoid puerperal fever. I was sent for, says Dr. Hill, to attend this family. From there I went to a labor. The unfortunate woman whom I had delivered, died on the fourth day, of typhoid puerperal fever. These were the only cases I heard of in the county at that period.

The following still more conclusive facts are from the same physician:

On the 30th of August, 1849, Dr. Hill was called to see a little girl eight years old, attacked with erysipelas. The swollen ganglions suppurated and broke. Nine days after the appearance of this erysipelas, Madame F——, the mother of the child, was attacked with the same disease. During its course, this lady was delivered of a child, whose face and head were affected with erysipelas. This exanthem made, a few days after, its appearance around the navel, spread, and caused the death of the child. As to the mother she recovered slowly, and, after grave symptoms, referred to erysipelas. I should mention that this exanthem had been almost suddenly arrested in its march by labor, and that it resumed its usual course four days after delivery. The midwife who had on the tenth attended Madame F——, was on the eleventh called to deliver a servant who lived a short distance at her father's. The sixth day after her delivery, this woman was taken with chills, diarrhœa, distension of the abdomen, with pain, fever, vomiting, in a word, all the symptoms which characterize puerperal fever. Her recovery was long and tedious. Her father, an old man, who had nursed her, felt a few days after the appearance of the puerperal fever, the symptoms of erysipelas, with diarrhœa and prostration, and died on the ninth day. The midwife of Madame F——, who had given puerperal fever to her second lying-in woman, was herself attacked on the fourth day with a grave erysipelas, with suppuration of the ganglions, etc. The nurse, who two days after the confinement of Madame F——, replaced the midwife, was obliged to leave, because three days after her entrance into Madame F——'s service, she was seized with intense erysipelas of the face. Lastly, the servant who replaced this nurse, was, on the fourth day of her attendance, obliged to take to her bed, being affected with erysipelas, intense angina, with false membranes, accidents which were soon followed by the most alarming typhoid symptoms.

For analogous cases see an article of Dr. Duncan entitled, *Puerperal Fever and Erysipelas—North American Medico-Chirurgical Review*, November, 1857. The *North American Review*, for 1858, contains cases bearing strongly on this subject, by Dr Levergood. Some articles of Mr. Hinkes Bird, in the *Midland Quarterly Journal*, March, 1857, treat of the same subject.

Tympson, in his obstetric works (1856), Volume II. pp. 31 and 33, says, when the fingers are impregnated with the morbid secretions of erysipelas, the inoculation of these in the sexual parts of the woman produces puerperal fever quite as surely as those coming from a true case of puerperal fever. A few pages further: "Erysipelatous secretions produce puerperal fever just as surely as puerperal fever secretions produce erysipelas."

The greater number of our citations have been borrowed from foreign physicians, both English and American. German reviews contain no cases of this kind; and in France we have but few that are well authenticated. This has led us to believe that the cases with which we had met in our excellent master's *service*, Mr. Hardy, were not unworthy of publication.

To show the value of these cases, and their most prominent points, it suffices to recall the circumstances in which the erysipelas made its appearance. Lying-in women, victims of an epidemic of puerperal fever, left the infected ward and suddenly the disease ceased. Other women, strong and vigorous, whose physiological functions were performed in all their integrity, replaced the women affected with puerperal fever in the ward they had left, and almost immediately an epidemic of erysipelas broke out among them. There is in this double result, more than a simple coincidence, particularly if we consider that our patients attacked with erysipelas presented some insignificant spot of the skin denuded, an almost imperceptible lesion in some of them, and which, however, was sufficient, in two of them, to irritate the lymphatics so that lymphangitis preceded erysipelas. The conditions of our patients were, in every way, so different from those operated upon, and those affected with extensive wounds, that if the erysipelas met with in the latter is called traumatic, that which attacked our patients may well be called spontaneous. However, in both cases, there is a wound if a denudation of two millimetres square may thus be called. Now, this lesion, however small, in injuring the lymphatic network of the skin, was sufficient to determine the seat of the erysipelatous eruption, of which it might be called the occasional, or at least the localizing cause.

(*To be Continued.*)

The Proposed Hospital on a Chesapeake Island.—Dr. Coolridge, U. S. Army, has just returned from the islands of the Chesapeake, where he was dispatched by the Government to find a convenient location for a hospital. A suitable site has not yet been found.

Absent Surgeons Called to Duty.—The Government is desirous that all surgeons, now absent on furloughs, should immediately report to their regiments, and that all vacancies left by regimental surgeons should be immediately filled by the Governors of the several States.

REMARKS ON SCARLET FEVER.

By A. SEARLE, M.D.,
OF ONONDAGA VALLEY, N. Y.

[Read before the Onondaga County Medical Society, Jan. 27, 1862.]

(*Concluded from page* 82.)

ONE simple but very efficient application to the neck in the commencement of these troubles, is hops and vinegar, applied in the following manner:—Take a strip of cotton cloth, five or six inches wide, and of sufficient length to reach round the neck and fasten; then place a handful of hops in a row, nearly the whole length of the cloth; then fold the cloth over the hops, and run the edges of the cloth together with the "running stitch;" then in the form of a stock, dip in boiling vinegar, and when sufficiently cool, apply it around the neck, and constantly wear it through the whole course of the disease, excepting to be renewed occasionally, when dry, by dipping in hot vinegar again. This application had been suggested to me by a lady friend who had tried it, and after condescending to examine the nature and effect of this remedy, I have thrown aside every other, and adopted it in every case of scarlet fever, especially where there is any tendency to glandular complication. I will venture the statement, and say I had rather dispense with any and every other application, internal or external, excepting the medicine to be given at the commencement to prepare the system for a course, than to dispense with the application of hops and vinegar to the neck. In the very nature of the disease the tendency is to the worst kind of inflammatory complications in the glands of the throat and neck. Now, as a kind of negative prophylactic, we must avoid every kind of application that will unduly irritate the skin, and prevent the free perspiration and exhalation of morbid matter through the pores, such as mustard cataplasms, ice and cold applications, greasy salt pork, cupping, scarifying, leeching, and blistering. The tendency of the disease is also to mortification of the parts, especially, and hops and vinegar are a suitable antiseptic. It produces the right kind of counter-irritation. It does not abrade the skin, and thus prevents the patient from suffering any undue amount of irritation. It produces a salutary fomentation, and a glow of agreeable heat throughout the whole system; and in fact, produces a general perspiration, equalizing the excitement, reducing the heat, and expelling a great deal of morbid matter from the circulation. In proof of the above good effects of this cataplasm, I can say I have always had the best of effects, that is when I have had the whole control of the case. One case of a child seven or eight years of age was attended with delirium, and was comatose, in which state he was left by his physician as hopeless. I was called in the night, and prescribed the stock of hops and vinegar, saffron tea, etc. The effect was a sudden restoration, without any other treatment of importance. I was in New York city about eight years ago. A gentleman with whom I was acquainted was doing business there. He had just lost two children with the scarlet fever, under the care of Dr. S., a celebrated physician. Another child, the only one he had left, at the time, was then taken with the disease. He inquired of me what they should do. I told him of the hops and vinegar, and the mild treatment. He was going immediately by railroad. On arriving, he informed the family of the hops and vinegar, and inquired of the doctor if it would answer, as though it might be improper or dangerous. The doctor made light of it, as of not much importance, but he consented to its application, and the child recovered, and is still living.

I might say of the pulse as a diagnostic symptom, that it is small and frequent in every case of scarlet fever. That in the fatal cases the patient is comatose, the surface of the body of a dark red color, and the pulse is very feeble and rapid. The food, in all cases of scarlatina, should be light and of easy digestion. The temperature of the sick room should in all cases be uniform and higher than in other fevers. What is generally called secondary fever, erroneously anasarca, is generally produced by exposure to cold.

All the cases of secondary fever or of dropsy, I have seen as a sequela, have appeared under very different circumstances from the original scarlatina. The diathesis had entirely changed from asthenic to sthenic, and, notwithstanding the anasarcous appearance of the body and the general puffiness, the nature of the disease has been highly inflammatory, affecting in general the whole sanguineous system. Sometimes the inflammation would locate on the brain, then spasms and convulsions would supervene. Sometimes the lungs would be the local part affected, and in others the disease would become general. But all the cases that have occurred in my practice have yielded to a very thorough antiphlogistic course of treatment; bleeding repeatedly, especially in some cases of convulsions, thorough cleansing with calomel, blistering, etc. But these cases that occurred several years ago, may be said to appear under very different circumstances now, as we have to be on our guard for the typhoid element which now prevails in most of our fevers. I might as well have omitted the last sentiment, for it does not correspond with my own views of scarlatina and its nature. Some authors, in treating on the nature of scarlatina, admit that it may be combined with typhoid fever or typhus fever, which indefinite admissions serve to confine and lead us away from the true theory, and, of course, a correct and successful practice. Scarlatina, in all its varied effects, is peculiar to itself, and sufficient of itself to sink the system and destroy life in a very short time.

When we have a case of typhoid or typhus fever, we do not expect scarlatina to set in and interrupt the treatment. Neither would it be any the less inconsistent or detrimental to the treatment of scarlatina, to admit that typhoid fever might be classed in combination with scarlatina, or in the diseases of the sequelæ. Typhoid fever, sometimes in its commencement, is attended with some common local sthenic inflammation. But the system suddenly, in some cases, sinks into a low state of debility, when quinine and brandy are freely given, almost in unlimited doses, with the most beneficial effects. In some instances these have been given, even before the inflammatory state had subsided, to haste a kind of change or crisis, by perspiration, and prevent the system from sinking as low as it otherwise might do. But everything is changed in scarlatina. The inflammation and fever are entirely different in their nature, as I believe, in every stage. The secretions and excretions must not be obstructed by brandy and quinine when the action is high; it must not be brought down, scarcely at all in any case by depletion. And thus, by the specific and controlling nature of scarlatina, when the system is low, it cannot be raised by drinks and stimulants, or brandy and quinine. But the system in all its functions should be kept in a normal state as nearly as possible, and waiting for the disease, which will have its course, to terminate in the desquamation of the cuticle, or the loss of the hair of the head, or the nails on the fingers and toes, as sometimes happens. I shall be pardoned for what may appear like egotism in these remarks, nor must I be thought supercilious, for they are made without notes from my own practice many years ago, when physicians and authors had not so well learned the true nature of scarlatina. But authors more modern than Cullen and Thomas, have adopted nearly the proper course. The general plan pursued in the family of five children referred to above, I have ever since adhered to, and generally with the same success.

I know of an instance where a lady was taken with scarlet fever, the contagion of which was caused by the winds for the distance of a mile. I could find no other explanation for the manner in which she caught the disease.

When it is said that the symptoms should indicate the treatment, it is not meant that the remedies should be applied to the symptoms, merely as the so-called specifics are in the homœopathic practice, but symptoms showing the nature of the disease in all its variations in severity, and different local affections, should determine the treatment. Thus, in a case of delirium, showing a great degree of excitement and determination of blood to the brain, and other symptoms corresponding, it would indicate that blood might be taken. But, as said before, in regard to vomiting, we induce it to relieve the pressure, and not with a view to cure the disease till it could have time to run its course. What is said on blood-letting in scarlatina *per se*, is only meant to apply in some special case in the commencement of the disease; but as a common remedy it must be decidedly contra-indicated, and inconsistent with the nature of the disease.

It is said in the MEDICAL TIMES by gentlemen in the discussions on scarlatina in the New York Academy of Medicine, that a recovery had not been seen after convulsions occurring subsequent to the appearance of the eruption, and that anasarca, following scarlatina, was treated successfully with belladonna and colchicum. I recollect two cases as having occurred in my practice. One was my own son aged 14 years, who had just recovered from a light attack of scarlatina, went out a short distance with men at work on the road, he was soon afterwards taken with violent convulsions and with all the puffiness and anasarcous appearance that generally occurs in the sequelæ. It was overcome by repeated and copious bleedings, calomel, etc. One other similar case occurred the same season in a lad seven or eight years of age, with violent convulsions with the same puffiness, which yielded to the same treatment, and all the anasarcous symptoms in both cases, disappearing with the convulsions. I wish to make a perfect distinction between scarlatina *per se* and the disease following in the sequelæ. In the first disease, the scarlatina, the system is suddenly overcome with a contagious poison. It must and will have its own course, and control the system sometimes entirely. The remedies must of course be designed not to apply directly to cure the disease, but indirectly to palliate at first and modify, and in this way effect a cure.

In the disease of the sequelæ, as the diathesis of the system and the nature of the secondary fever had become entirely changed, the practice should be bold and thorough, the remedies applied to cure directly by relieving the inflammatory state of the blood and its violent action on some of the organs, and in this way overcome the puffiness of the flesh and the solids, which I may suppose is not so much occasioned by any hydropical accumulation as from the *debility* or *lesion* of the *solids*, and the predisposition given to the blood, to *inflammations* by the original scarlatina.

Reports of Hospitals.

NEW YORK HOSPITAL.

AMPUTATIONS OF SHOULDER—AMPUTATIONS OF THIGH AND OF FOREARM—SYME'S OPERATION—DISLOCATION OF THIGH—VARICOCELE TREATED BY LIGATURE—REMOVAL OF FRACTURED END OF TIBIA, ETC., ETC.

[Reported by JOHN T. KENNEDY, M.D., Acting House Surgeon.]

DURING the months of June and July, in the first surgical division, there have been performed by Dr. Parker, the surgeon in attendance, a number of operations which may be summed up as follows: three amputations at the shoulder, two amputations of the thigh, one of the forearm, and one of the foot (Syme's), one perineal section, and two for ligature of the veins in varicocele. Besides these there have been the usual number of amputations of fingers, toes, etc., made by the House Surgeon. A sketch of the different cases, in the order in which they have been alluded to, may be of sufficient interest to the surgeon to repay for their perusal.

I.—*Encephaloid Tumor of Arm—Amputation of Shoulder.*—Magt. Fay, æt. 23, was admitted June 7, 1862. About six or seven years ago a tumor, about as large as a hen's egg, first made its appearance on the outer aspect of the right arm, near its middle. It was hard, painful, tender, and immovable. The growth of the disease was very slow until about a year ago, when it had acquired the size of an orange. A surgeon, who had charge of the case, attempted the removal of the disease by an operation, but found it impracticable. The wound healed in good time and without trouble. About six months ago some caustic application was made to the tumor, since which time an abraded surface existed, giving rise to frequent bleedings. For a year previous to admission, it had been the seat of a dull heavy pain, which was worse at night. At the time she presented herself for treatment at the hospital, the diseased mass extended from just above the elbow to the junction of the middle and upper thirds of the arm, and measured superficially twenty-two inches, involving the whole circumference of the limb. It was hard and lobulated to the feel; the supernatant skin was shiny and adherent; the cutaneous veins tortuous and dilated, and the external aspect was the seat of a fungous ulcer about three inches in diameter, which discharged a thin light-colored and fœtid pus. The general health of the patient was good. According to her own account her father died of a tumor similar in character, and situated on the face.

A consultation was held five days after admission, and it was decided to remove the limb at the shoulder-joint, which operation was performed by the oval method. The patient rallied well from the operation and the wound healed.

II.—*Gunshot Wound of Shoulder—Amputation at Shoulder-Joint.*—Michl. Fagan, æt. 50, was admitted May 29, under the care of Dr. Halsted, with a wound of the shoulder which was inflicted at the battle of Williamsburg twenty-four days previous to admission. The ball entered a little external to the tip of the acromion of the right side, grazed the outer aspect of the os brachii, and made its exit at the posterior wall of the axilla, about three inches below its point of entrance. On examination the track of the missile was found open, and was discharging a thin dark-colored and fœtid pus. There was very extensive burrowing of matter, and roughened bone was seen through the wound and was felt quite extensively with the probe. The general condition of the patient was very poor, and he was suffering from diarrhœa. This latter symptom was soon checked by opiates and astringents, but the life of the patient seemed to be otherwise in great peril. On the 12th of June a consultation was held, when it was thought best to remove the arm at the shoulder-joint, as the only means left to save life. The oval method was adopted. The hæmorrhage was almost nothing; ligatures were promptly applied, and all oozing from the cut surfaces was arrested by the application of the liquor ferri persulphatis. The arterial blood looked very dark, as did also the tissues through which the incision was made. When the operation was completed it was not deemed prudent to remove the patient immediately from the operating table, so feeble did he seem. Stimulants were freely administered, the lower extremities were elevated, and warmth applied to the surface, but the patient soon began to sink, and died in about an hour and a half after the operation. No autopsy was made.

III.—*Gunshot Wound of Shoulder—Amputation at Shoulder-Joint.*—John C. Myers, æt. 21, native of Pennsylvania, private in 61st Pennsylvania Volunteers, was admitted June 15, 1862. He stated that fifteen days previously he had been wounded in the right shoulder by a musket ball in the battle of Seven Pines. The head of the os brachii was shattered, and was excised by the regimental surgeon on the succeeding day by an incision extending from just below the top of the acromion to midway between that process and the elbow. The patient is of the opinion, however, that the ball was not removed. On admission the wound had nearly healed. On the 16th, about 7 P.M., there occurred arterial hæmorrhage from the stump, which was controlled by pressure on the subclavian artery, and by the application of lint soaked in liq. ferri persulph. The amount of blood lost was about eight ounces. Patient stated that during his journey hither from the seat of war, a profuse hæmorrhage occurred while he was at stool but it was soon controlled by pressure and other simple means. The occurrence of the hæmorrhage in that situation was looked upon as ominous of evil, and a consultation was accordingly summoned, the day following, to determine what was best to be done. The patient was then, by common consent, etherized, and the wound explored, pressure being kept up on the subclavian artery. A quantity of coagulated blood was turned out, but no bleeding point was discovered. The head of the scapula, in this examination, was found to be so badly shattered, that it was thought best to remove the limb at the shoulder-joint. This operation was accordingly done by the simple division of the soft parts on the inner side of the arm, the upper portion of the os brachii being everted. The cavity of the wound was stuffed with dry lint, and the patient put to bed in a comfortable condition. Subsequently the edges of the wound were approximated by adhesive plaster, and union by second intention courted. Every thing progressed well, and the patient made a good recovery.

(To be Continued.)

Reports of Societies.

MEDICAL AND SURGICAL SOCIETY.

DR. T. M. HALSTED IN THE CHAIR.

MEDICAL AND SURGICAL CASES.

STATED MEETING, June 1, 1861.

(Continued from page 79.)

VERSION AS A SUBSTITUTE FOR CRANIOTOMY.

Dr. Thomas made some remarks on the operation of turning, as a substitute for craniotomy and the long forceps, in cases of obstructed labor from narrow pelvis. Five months ago he was called during labor to a woman who had had five dead children. He found a contracted pelvis and a prolapsed funis. He returned the funis without difficulty, and determined to perform version. The child was living. The body was delivered, but the head became wedged, and before it could be delivered the child died. In a second case of contracted pelvis Dr. Thomas applied the long forceps, and failed to engage the head in the pelvis. While the child was yet living he turned, and the head became wedged as before, and during the consequent delay the child died—the mother afterwards died of puerperal fever. In a third case, where the woman had previously lost five children, never having had a living child, Dr. Thomas turned and delivered successfully. Dr. Thomas suggested fracture of the arm as a useful expedient when the head is arrested, this operation allowing the head to pass without difficulty. In the successful case above mentioned the arm was broken. Dr. Thomas further maintains that where the head is arrested, as it so often is in cases of version, it becomes necessary from the interference with the placental circulation to establish respiration. For this purpose a tube was suggested to be inserted into the mouth. It is provided with two lateral rings for the fingers, for convenience of introduction, and the mouthpiece is so arranged as not to be obstructed by the tongue of the child. Dr. Thomas has used this in the successful case, where the attending physician is confident that the child breathed through it before the head was delivered.

Dr. **Elliot** confirmed the experience of Dr. Thomas in the operation of version in contracted pelvis, and prefers the application of long forceps above the brim. He has no fear of seriously wounding the tissue of cervix, either by the application or traction of forceps. The fracture of the arm he believes to be a useful expedient, and further suggests firm abdominal pressure as an aid in delivery of head.

In all Dr. Thomas's cases forceps were applied, and in the second case Dr. T. is confident that injury was done to the cervix, and the woman had puerperal fever in consequence.

Dr. **Elliot** believes the cervix is generally lacerated in ordinary labor, and that it may be divided without harm.

The Society adjourned by limitation.

STATED MEETING, Oct. 5, 1861.

Dr. **Bumstead** related a case of sudden death from erysipelas, following exsections of a cancerous breast. The wound was doing well and a portion of it had healed by first intention, when erysipelas supervened and extended rapidly, causing death on the tenth day after the operation. Post-mortem examination revealed pleuritic effusion on both sides, eight ounces on one, and sixteen ounces on the other, with a granular condition of the kidneys, urine not examined before death.

Dr. **Van Buren** related a case of injury of elbow-joint, in a child, where there had been fracture of os brachii just above the joint and splitting of the condyles. The most remarkable feature in the case was the paralysis of the radial branch of the musculo-spiral nerve. The power of extension of the arm upon the hand was gone. There was considerable deformity.

Dr. **Van Buren** also alluded to a case of concussion of the spinal cord, that had recently fallen under his observation, in a lieutenant of volunteers, who was captured at Bull Run, and roughly dragged and trampled upon on the battle-field. He was left on the field with severe concussion of the brain and spinal cord, was afterwards taken to Washington and confined to his bed six weeks. There was now no apparent lesion, but he suffered from considerable pain and nervousness in the lower extremities, and in the morning had to be assisted out of bed. He walks with difficulty after he first rises, but in the evening gets pretty good use of his limbs.

DRAINAGE TUBE OF CHASSAIGNAC.

Dr. **Buck** made some remarks on the use of the drainage tube suggested by Chassaignac, for the treatment of abscess. In one case recently treated at the hospital the result had been very favorable—the patient, a healthy male, æt. twenty-five, had a large abscess developed, without any apparent cause, on the buttock, supposed to contain two or three pints of pus. It was traversed with a drainage tube in its dependent portion. The swelling diminished gradually, and at the end of ten days the tube was removed, the discharge being then very slight and the walls of the abscess collapsed. Another case of abscess, of the cold variety, was treated in the ordinary way in the hospital, about the same time, and presents a contrast to the one just described. The case was one of abscess in the lumbar region, unconnected with the kidney or spine; it was punctured and allowed to discharge gradually, three or four ounces daily, for three days. The walls then inflamed and became sloughy; it was freely opened and the patient did well for a few days, when an acute abscess appeared on the buttock, near the trochanter, and the patient rapidly sank and died.

(To be Continued.)

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The Sickness in the Sixtieth New York.—The sanitary condition of the 60th New York Regiment, from St. Lawrence county, still continues very low, and mortality is on the increase. The regiment is stationed at Washington, Va. Dr. Vollum writes to the Surgeon-General that typhus and typhoid fever are the diseases which have prostrated and thinned out this regiment, and urges that nothing will check their fearful inroads except a speedy removal of the regiment to a more northern clime. The medical officers have laid the matter before Gen. Pope, who will order the regiment to Washington immediately.

American Medical Times.

SATURDAY, AUGUST 16, 1862.

SANITARY INSPECTION IN THE ARMY.

One of the most important clauses of the Act reorganizing the Medical Department of the Army, was that creating a bureau of sanitary inspection, with a corps of inspectors. Every European government which has perfected its military organization within the last few years, has given especial attention to the systematic enforcement of hospital and camp hygiene. Medical officers have been detailed with ample powers to secure the observance of the most stringent sanitary rules. The good effects which have followed such wise legislation, are strikingly illustrated in the history of the English army. An eminent writer states that, under the new system, an exact account is kept of the diseases of every soldier from the day he enters to the day he leaves the army or dies on the pension list; and the returns are so arranged as to exhibit the diseases of every regiment separately, as well as the amount of disability, invaliding, and death produced by each malady, and as far as possible by each conspicuous cause. The variable sanitary state of the army is thus brought clearly before the eyes of the Medical Department, the commanding officers, the Commander-in-Chief, and the Secretary of State, so that evils, instantly known, can often be suppressed as they arise. The force at home, he alleges, consists of men in the prime of life, between the ages of 20 and 40, generally unmarried, and living hitherto in barracks. He believed that, "whereas 17 in 1000 of these men at home had died annually, a body so selected, well fed, well lodged, and well handled, morally and physically—admitting only recruits satisfactory to the examining medical officer, and parting constantly with its invalids—should not experience a higher rate of mortality than that expressed by 7 in 1000; the rate of mortality actually experienced by the population at the corresponding ages in the healthy districts of England. The result was nearly achieved in the corps at home in 1859. The mortality of the Foot Guards had been 20 per 1000 (1837–46), and fell to 9; that of the infantry of the line had been 18, and fell to 8; which was also the mortality of the cavalry, the engineers, and the artillery. The annual deaths among all arms of the service at home had been 17·5; the deaths at Shorncliffe and Aldershott in the three years 1857–58–59 were at the rate of 5 in 1000. The previous excess was referable to zymotic diseases, such as fevers, cholera, diarrhœa, and to consumption; the effects of crowding in barracks, of bad ventilation, bad water, bad drainage, badly chosen sites, bad cooking arrangements, and the absence of the means of cleanliness. A great result has been realized; in England hundreds of lives have been saved; indeed, a battalion living in arms at the end of the year 1859 would, at the previous rates, have then lain buried in their graves. Severe sickness has also decreased, and the vigor of the whole body of healthier men has, no doubt, increased in proportion."

We may gather a more correct idea of the character of the sanitary inspection instituted by the English government, from the instructions given to the Sanitary Officer dispatched with the Expeditionary Army to China. He was directed to accompany the officer appointed to select hospitals or quarters for troops, whether temporary or permanent, and examine into the sanitary condition of the buildings, their drainage, ventilation, water supply, and every point likely to affect the health of troops or welfare of the sick, and point out to the Quartermaster-General every defect requiring removal or remedy. When troops were landed to occupy towns he was to make a careful survey of the same, and prepare a plan for organizing a proper sanitary police to preserve cleanliness, remove nuisances, and for the execution of all measures necessary for the health of the troops. When a site for an encampment was about to be selected, he was to proceed with the Quartermaster-General to examine the locality, and advise as to its salubrity; when the grounds were selected he was to make such recommendations as he deemed necessary as to their proper preparation, the arrangement of tents, the number of men to occupy each, the maintenance of cleanliness, the supply of water, the position of latrines and slaughtering houses, the removal of refuse, the interment of the dead, drainage, etc. He was to keep himself constantly informed of the general condition of any occupied town, camp, or hospital, as to ventilation, cleanliness, surface drainage, and all local matters affecting the health of the force. He was to make a daily inspection of the whole camp or occupied portion of the town, giving early attention to the appearance of any disease likely to become prevalent, and examine as to the source of the same, whether it proceed from sanitary defects in cleansing, draining, nuisance, over crowding, bad ventilation, unwholesome water, dampness of site, marshy ground, or other local cause, as bad or deficient food, intemperance, unwholesome liquors, unripe fruit, defective clothing, want of proper shelter, fatigue, exposure to the vicissitudes of weather. When the army advanced, he was to collect information as to the medical topography of the district, with reference to selecting camping grounds. If the troops passed through a malarious district he was to indicate to the commanding officer the means of preventing attacks of disease on the march, and he was advised to have the troops served with some refreshment, as coffee, before marching, as also quinine wine, as a daily ration, during the months when fever and bowel complaints prevail. In operations by river the troops were to be served with tea or coffee before disembarking, and refreshments were to be given immediately on their return. In river expeditions he was to visit daily each vessel conveying troops, and inquire into their sanitary condition, the cleanliness, ventilation, use of deodorants and disinfectants, etc., and to require the daily inspection of the men in order to detect the earliest appearance of scurvy or zymotic diseases, especially cholera. He was to inquire into and examine regularly the nature of the supplies and provisions for the troops, whether the food was sufficiently varied in its constituents and amount, whether properly cooked, and to report all defects. The clothing was also in his charge, and was to be adapted to the variations of the climate; to guard against chills, he must prevent, as far as possible, the soldiers from sitting in huts and tents with the outer clothes off, or heedlessly open. To prevent scurvy, he must order the issue of rations of lime-juice and sugar three or four times a week.

Such was, in brief, the character of the sanitary inspection of the British army while serving in China. And what was the result? Those who have faith in the health-giving efficacy of the simple laws of hygiene, rigidly enforced, will be prepared to learn that the army in China passed through a most toilsome campaign, exposed to every hardship and variation of climate, and yet maintained a better degree of health than the average of the people of England in civil life. Had such thorough and systematic sanitary inspection been carried out in the Army of the Potomac, there can be no doubt that it would have triumphantly accomplished its purpose, and fulfilled the glorious prophecies of its friends. Well did LORD PALMERSTON remark, in alluding to the remarkable healthiness of the British army since sanitary inspection was instituted, "that nothing was more important than the preservation of the health of the army. Putting it on the lowest grounds, there was nothing so uneconomical and prodigal as carelessness on this point. But in reality it stood on higher ground, because if men were enlisted for the service of the country, the government was bound to take due care of their lives. No money could be better laid out than in guarding the health of the soldier from the influences to which it was subjected."

The war of the rebellion found the medical department of our army unequal to the exigencies. Under the pernicious system of promotion according to seniority, and no retirement of officers on account of age, the principal offices had become filled with men past the period allotted to human life. Its Chief was an octogenarian, and had long before sunk into dotage. The sudden enlargement of the army put the department to the severest test to attend to its simplest wants. Under these circumstances, sanitary inspection of camps, hospitals, etc., was not attempted, even if it was contemplated. This great, and as we have shown, all important work, was undertaken by the Sanitary Commission, for whose good offices the country cannot be too grateful. It is to this body that we are indebted for those reforms in the medical department which have placed at its head, and will hereafter secure in that position, an officer whose only claim is—QUALIFICATIONS.

And it is to the same body that we are indebted for the creation of the department of sanitary inspection, the importance of which to the strength and effectiveness of the army we have already demonstrated.

In the organization of this department, great pains were taken to render it free from all political influences, to place in the responsible positions thoroughly qualified men, and in general, to give it the highest possible character and efficiency. It provides a Medical Inspector-General, with the rank of a Colonel of Cavalry, and eight Medical Inspectors, each with the rank of a Lieutenant-Colonel of Cavalry. It directs that "the Medical Inspector General shall have, under the direction of the surgeon-general, the supervision of all that relates to the sanitary condition of the army, whether in transports, quarters, or camps, and of the hygiene, police, discipline, and efficiency of field and general hospitals, under such regulations as may hereafter be established." The eight Medical Inspectors are "charged with the duty of inspecting the sanitary condition of transports, quarters, and camps, of field and general hospitals, and shall report to the Medical Inspector General, under such regulations as may be hereafter established, all circumstances relating to the sanitary condition and wants of troops and hospitals, and to the skill, efficiency, and good conduct of the officers and attendants connected with the medical department."

It will be seen that the scope of duties assigned to the Sanitary Inspectors is equally as great, under proper regulations, as that of the English, and that they have equal power to enforce their recommendations. We have alluded to the beneficent results which followed the thorough sanitary inspection of the British army, preserving it from an unusual mortality under the most unfavorable circumstances, and we cannot avoid the conclusion that equal, if not better fruits, would follow the enforcement of the same system in our armies.

The friends of the measure have waited with great patience, and watched with much solicitude, the organization of this branch of the medical service, and it is not to be denied that they have finally been doomed to disappointment. Carefully as the Act was worded to provide against the baneful influence of political partisanship, or favoritism, in the appointment of the corps of inspectors, not only was the spirit, but even the letter of the law violated, to accomplish such unworthy purposes. In the first place, the Act expressly directs that the "Medical Inspector General, and Medical Inspectors, shall *immediately* after the passage of this Act be appointed by the President." The Secretary of War, upon whom the responsibility rested of securing the prompt appointment of qualified men, in consultation with the Sanitary Commission promised immediate action, and yet the appointments were not made in two months after the passage of the Act. During this time there was the utmost need of the services of sanitary inspectors in every branch of the army. In the second place, the Act provides that these appointments shall be made "by selection from the medical corps of the army, or from surgeons in the volunteer service, without regard to their rank when so selected, but with *sole regard to qualifications*." In apparent anxiety to secure the best qualified men in the service for these positions, the Secretary requested and received from the Sanitary Commission, a list of names of the most competent medical officers in the regular and volunteer army, from which to select candidates. It will scarcely be deemed credible by those unfamiliar with the all-controlling power of political partisanship at the Capitol, that but very few of the names on that list were selected, while for the majority of the offices different Senators were invited to nominate candidates. Thus the majority of the Medical Inspectors were selected in utter and most shameful violation of the statute. But there was still hope that the Medical Inspector-General, upon whom devolved the most important duties of the department, would be selected with "sole regard to qualifications." The appointment was long delayed, though it should have been immediate, and there was a prevailing opinion in the profession that the selection would fall upon one of the most eminent and experienced members in the army. But what was the disappointment when a name was announced not familiar in medical circles!

Thus has been jeoparded the most important reform which this war has effected in any department of Government; a measure that was destined to save our army from that hopeless disintegration which preventable sickness causes, and give it physical effectiveness on the field.

We make these remarks in no spirit of unfriendliness towards those gentlemen who now compose the Corps of Sanitary Inspectors. For all, we entertain the highest respect, and for several a warm personal friendship. But we may assure them that much is expected from their labors, and we trust that the future history of the Department of Medical Inspection will abundantly prove that, notwithstanding the improper and censurable method of selection, each individual was thoroughly qualified for his duties. Our only purpose is to protest against allowing such important nominations to be weighed only in the political scales. Had the law been sacredly regarded we should long since have had that thorough sanitary inspection of every branch of the army which would have saved it from decimation during the summer months.

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THE WEEK.

The Universal Society of Ophthalmology was formed in Paris in 1861, and is to hold its annual meetings in one of the eleven principal cities of Europe. The meeting for this year is to be held at Paris, on the 29th of September. The local committee have extended an invitation to the Medical profession of the United States through the following circular from Drs. Mott and Homberger:

To the Medical Profession of the United States—The object of the Universal Society of Ophthalmology is known to you, and we hope its foundation will mark the present year in the annals of Medical Science. We are fully satisfied that the Society will take, from its first meeting, the position which it has a right to ask among scientific bodies. We believe it is now the proper moment to solicit your help and sympathy.

We invite you to associate yourself with the Society, which will meet for the first time from the 30th of September to the 3d of October, 1862, in Paris.

Your desire to be enrolled on its list of membership is requested to be made known to one of the undersigned, who will forward it to the Central Committee.

The Committee of the City of New York:
Valentine Mott, M.D., 1 Gramercy Park.
Julius Homberger, M.D., 24 West 12th Street.
New York, *May 20th*, 1862.

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We learn that Prof. Hamilton, now Medical Director of the 4th Corps of the Army of the Potomac, is preparing a history of the War of the Rebellion, so far as it has passed under his personal observation. A work of this character from the pen of one whose opportunities for observation have been so great, and who is capable of embodying so much valuable information, will be looked for with interest.

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In another column will be found a well merited compliment to Dr. John M. Cuyler, U.S.A., late Medical Director at Fort Monroe, but now one of the Medical Inspectors of the Army. Every one who has been brought within the circle of his acquaintance, will heartily respond to the sentiments expressed in the letter of the Volunteer Surgeons from New York. Dr. Cuyler deserves well of Government. As a citizen of a Southern State, at the commencement of the rebellion, every effort was made by promised rewards of high official position to gain his allegiance to the so-called Confederate Government. But he never swerved for a moment from his loyalty to the Government which he had so long and faithfully served, and as a consequence was deprived by the confiscation of his estates, of all his wealth, and compelled to rely again upon his individual energies for support. During the occupation of the Peninsula by the Army of the Potomac, his labors were excessive. To provide for the vast number of the sick and wounded was a task which few could accomplish so well. He has now entered a new field of service in the West, and the good fruits of his experience in all that relates to camp and hospital hygiene will appear in his path. We can only wish for him health and happiness.

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We learn that for the new regulation providing two assistant-surgeons for each regiment the country is indebted to Gov. Tod, of Ohio, and Dr. Gustav C. E. Weber, Surgeon-General of the same State. It is an important change, which is destined to add much to the efficiency of the Medical Staff. Gov. Tod makes the following appeal to the profession in his proclamation:—

"To the medical profession, I must also make a special appeal. You have already won renown for your profession, by your prompt and gallant services in caring for our sick and wounded. Your good work, however, must be continued. Our gallant soldiers richly deserve the best medical talent of the State; and it is ardently hoped that Surgeons of the very first rank will continue to tender their services. To be eligible for regular positions in the army, it is indispensable, by order of the War Department, that recipients of commissions be examined and approved by the State Board of Examiners. By this it is not intended, however, that members of the regular profession, of long practice and high standing, shall submit to a school-boy examination. I desire only to know that they are worthy to be intrusted with the high responsibility of ministering to the gallant volunteers who may need their services."

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It is stated that Government has taken possession of all the transports, and so far relieve the Sanitary Commission of a portion of its arduous duties. This is, we believe, in accordance with the wish of the Commission, and is the result of the expansion of the Medical Department.

Reviews.

Pain and Anæsthetics: An Essay, Introductory to a Series of Surgical and Medical Monographs. By Valentine Mott, M.D. Prepared by request of the Sanitary Commission. Washington, 1862—pp. 16.

The Sanitary Commission have done a noble work in supplying to the Surgeons of the Army readable monographs on many of the more important questions in medicine and surgery. The Pamphlet before us is the introduction to the series. It is well that the first of these papers is on Anæsthetics, and that its author is Dr. Mott. If experience can settle any question in practical surgery, certainly the author of this monograph may speak with authority. Every American surgeon will peruse its pages with interest and profit.

Dr. Mott advances the following propositions:—1. To prevent pain is humane; 2. Pain is useless to the pained; 3. Pain is positively injurious to the pained. Passing from the discussion of these propositions, the author considers the various narcotics used to assuage pain, and finally the use of anæsthetics. It will interest the profession to learn that the author prefers chloroform to ether. The rules which he gives for the exhibition of anæsthetics are excellent, and cannot be too carefully heeded. He concludes as follows:

"For such reasons then as have been recounted, I desire to direct the attention of the Surgeons of the Army and Navy to the advantages which would accrue from a more extended use of anæsthetics in naval and military practice. I am satisfied that if, in their operations, the pain were more generally prevented, many lives would be saved which are now lost from the shock to the nervous system, and that, in all severe cases, the prospect of recovery is better, and the subsequent inflammation is milder, when an anæsthetic has been used.

"To this conclusion I have not come hastily. Of so much import have I always regarded the prevention of the pain of operations, and so desirable, if it could be practically effected, that ten years before the introduction of anæsthetic vapor I listened patiently and attentively to the claims of animal magnetism to this power to produce insensibility; but found, and I may say with unalloyed regret, that when fairly brought to the test, its most ardent friends were compelled to admit its utter inefficiency, and even since the invention of anæsthetic inhalation, I have carefully tested the power of other agents, such as nitrous oxyde, to produce insensibility to pain, but still consider none of them deserving of mention when compared with chloroform or ether.

"In conclusion, perhaps I may say, that these observations and reflections have been made during the intervals taken from a business still pressing, at a time of life when most men desire repose. They are given to the cause of American nationality, and may claim to be at least an old surgeon's offering on the altar of his country. The flag of our Union, the glorious Stars and Stripes, has repeatedly protected me in foreign lands beneath its broad folds, and if what I have written here shall be in any measure successful in preventing the sufferings and prolonging the lives of that noble army who are now serving under my country's banner, I shall receive my reward."

Correspondence.

FOREIGN CORRESPONDENCE.

LETTER VIII.

THE INTERNATIONAL EXHIBITION.

By PROF. CHARLES A. LEE.

(*Continued.*)

London, July 10, 1862.

My last letter was occupied with matters connected with the Great Exhibition. The present will be devoted to the same objects.

The immense display of surgical instruments from almost every country on the globe, except our own, including even Japan, cannot but attract the notice of medical men. My notice of them, however, must necessarily be very general and brief; but you will find excellent descriptions, with illustrations of all the most important instruments here exhibited, by Dr. Feaer, in the "London Medical Times and Gazette" to which I would invite your attention. Most of the instruments and appliances intended for the cure and relief of disease, are collected and arranged in one department, and form a class especially devoted to the purpose, and of course are readily examined and compared. There are about 130 cases of surgical instruments exhibited of all sorts; about one-fourth of them dental; and there is no end to the plasters, stretchers, artificial limbs and eyes, respirators, breast-pumps, magnetic apparatus, electro-chemical baths, stethoscopes, sphygmometers, ozonometers, philosophical and chemical apparatus, &c. A slight general survey will satisfy the observer that human ingenuity has been taxed to the utmost, and has actually supplied all the mechanical apparatus and instruments which can possibly be devised for the cure or alleviation of human ailments, and that nothing more remains for human invention to discover in this department hereafter. No man of philanthropic feelings can view these immense collections without a sentiment of pride and gratitude, that so much science, skill, and ingenuity have been so successfully exerted in devising means for the relief of human suffering.

The improvements in the mechanical department of surgical science have been immense during the last quarter of a century, and even during the last ten years; and as much has been done to simplify instruments and render them more practically useful, as in the invention of new ones. It is, however, very evident that many surgical instrument-makers lose sight of that important maxim, that simplicity, not complicity, is the object to be aimed at in their construction. The French, as it seems to me, have been especially regardless of this principle; while the English have always kept it more in view. It would perhaps be invidious to make a comparison between the French and British exhibitors, but I am free to say that the relative progress of the two nations, in this regard, during the last ten years, appears to me to be in favor of the English. The instruments of the latter have undergone a most marked improvement in regard to lightness, skilful adaptation to the end designed, elegance of finish, and ingenuity of construction. The recent improvements in orthopœdic surgery are especially worthy of note, especially the appliances intended to counteract the paralysis of certain sets of muscles, as of the foot, forearm, and hand. I am tempted to pass over that unscientific, unphilosophical, and horridly cruel instrument, the *écraseur* and its various modifications, invented by Savigny nearly one hundred years ago, and long since fallen into disuse. It is to be regretted that, in this humane age, any surgeon of any country can be found, who will give any countenance to such a barbarous instrument, or that any manufacturer dare exhibit it among the legitimate appliances of scientific surgery.

The recent increased attention given to diseases of females has stimulated inventors to furnish a great variety of instruments intended for the relief of this class of diseases, such as pessaries, uterine sounds, hysterotomes, instruments for the treatment of uterine polypi, vesico-vaginal fistula, *intra* and *extra*-uterine and vaginal specula, &c.

Nor have diseases of the male genital organs received less attention, as shown by the great variety of catheters sounds, dilators, scarifiers, lithotrites, urethrotomes, and even urethroscopes; by which we are able to see the interior surface of the human bladder, just as we can see the vocal cords and internal surface of the larynx, by means of the laryngoscope. Moreover, we are glad to see saws of lighter construction and more teeth; bone forceps of different curves and capable of more extended applications; new and improved trephines; and very ingenious appliances, intended to relieve congenital and other deficiencies of the hard and soft palate. In regard to chloroform inhalers, unfortunately rarely used in the United States, I must acknowledge myself wholly converted to the expediency of employing them whenever this powerful agent is administered. It is true I have administered it a great many times on a napkin without any fatal accident, but I shudder when I think of some of my cases, where resuscitation was effected with difficulty. I have seen much of chloroform inhalation since I have been in London, and no approach to danger where an inhaler was used; but in two cases where it was administered on a napkin, both the pulse and respiration were suspended for a considerable period. There are patent inhalers of Weiss, Snow, Clover, and other manufacturers, which regulate with the utmost exactness both the percentage of atmospheric air, and chloroform, which the patient inhales, so that there is not the slightest danger whatever of any accident from administering too large a quantity, if ordinary care be used. Four per cent. of chloroform is as large a proportion as it is safe to give. This exact quantity can always be secured by a properly constructed inhaler.

The cases of M. Charrière, the celebrated French instrument maker, will well repay an attentive examination. For originality and ingenuity of contrivance, I believe this manufacturer stands unrivalled. His urethrotomes, dilators, and lithotomes have a world-wide celebrity, and his specula of two, three and four valves, are as yet unsurpassed. I do not learn that his uteroscope has been of much practical service as yet, although favorably noticed, I believe, by the French Academy of Medicine; his modified tracheotomy tube is far superior to the one in ordinary use; and his new obstetric forceps, the blades of which can be elongated, have some important advantages over those of the ordinary kind.

But it is impossible amidst such a lavish display to go into detail in regard to particular instruments; a few national characteristics, it may, perhaps, be well to notice. The French, it seems to me, excel in novelty, smoothness of finish, and temper of the steel; they have also a greater variety; while the English makers study practical utility more, and adaptation to objects in view. There is a profusion of gold and ivory about some of the English cases in the form of gilded blades and ivory handles, which are not in good taste, but rather meretricious ornaments, which, if they do not positively detract from, certainly add nothing to the value of the instruments. I regret that none of our American instrument-makers have entered the lists in this department, as I am satisfied, their ingenuity, skill, and workmanship, would not suffer by comparison with any of the competitors whose samples are now on exhibition here. In artificial limbs, for example, we can, unquestionably, bear away the palm from all competitors. We may not be able to show so great a variety as the French, as we study simplicity and practical utility more; but we can at least point to as successful results from our great operations, and those of a more delicate, though not dangerous kind, as those of the eye, for instance, as the French, English, or any other nation. It is doubtful whether mere mechanics can, at all, appreciate the possibilities of the simplest instruments in the hands of a skilful and scientific surgeon. Science and mechanics tend to opposite extremes and draw in opposite directions. The first aims to do away with all mechanical appliances whatever, or at least as far as practicable, and rely on the simplest means; the other resolves all skill and all success into some ingenious contrivance, which is almost automatic. This is well illustrated in the operation for lithotomy. A good anatomist will ask for no ingenious lithotomes, etc., to reach the bladder; but prefers a simple scalpel to all the contrivances of a Charrière, a Lue, or a Weiss, and so in other cases. Look also at the strange and bungling contrivances for compressing arteries in cases of wounds, amputation, or the treatment of aneurism, known as tourniquets! How inferior most of them to the thumb of an assistant!

I had intended to speak of a trocar invented by Mr. Spencer Wells for the evacuation of the contents of an ovarian cyst, consisting of a steel tube sliding inside a canula of silver or other metal. I have seen this gentleman use it in a case of ovariotomy, but the fluid was too thick and gelatinous to flow through it; where the contents are quite fluid, I have no doubt it would answer a useful purpose.

Army Medical Intelligence.

DR. JOHN M. CUYLER, U.S.A., MEDICAL DIRECTOR, FORTRESS MONROE.

State of New York,
Surgeon-General's Office,
Albany, July 21, 1862.

Sir:—In transmitting through you to the honorable Secretary of War the inclosed communication, I perform the most agreeable duty which has thus far devolved upon me. You who are so thoroughly conversant with the qualities of mind and heart which characterize Dr. Cuyler, will see in this but a merited compliment to a true and noble man. You will find among the signatures the best names of New York, and it would be difficult to find on this side of the Atlantic, or on the other either, a jury of medical men whose verdict is entitled to more weight. To the above expression I beg to add, from personal observation, my cordial affirmation. I have the honor to remain

Your obt. servt.,
S. Oakley Vanderpoel,
Surgeon-General N. Y.

Brig.-General William A. Hammond, Surgeon-General U. S. Army.

New York, July 15, 1862.

Hon. E. M. Stanton, Secretary of War:

The undersigned corps of Volunteer Surgeons of the State of New York trust that their addressing you may not be considered an act of supererogation; for, although fully aware that it is not distinctly within the limits of their prescribed duties, they feel that they are discharging a moral obligation in putting on record in the department their high appreciation of the distinguished services which Dr. Cuyler, the Medical Director of Fort Monroe, rendered daily and hourly, with untiring energy, to the multitude of sick and wounded in the department.

From our personal observation we feel pleasure in saying that we have rarely met with so happy a combination of thorough administrative talent with the highest order of personal skill and experience, and that genuine and true gentleness of heart—by the one benefiting those under his care to the full limit of professional skill, and by the latter shedding comfort and gladness, even where the sufferer is beyond reach of the first

In thus briefly stating the result of our personal observation, we beg to say say that we are not prompted to do so by the contemplated change in the Medical Staff of the army; for while, on the one hand, we do not intend to intrude, we feel, on the other hand, confident that government would not overlook the valuable services of so faithful a servant. We beg simply to be permitted, as we said before, to put on record our appreciation of so high an order of merit, and in doing so we trust it is unnecessary to state that our thus addressing you, sir, is not only unsolicited by but entirely unknown to Dr. Cuyler.

Alfred C. Post, M.D., Stephen Smith, M.D., Ernest Krackowizer, M.D., George Cochrane, M.D., Daniel Ayres, M.D., Daniel E. Kissam, M.D., C. Olcott, M D., James R. Wood, M.D., William Detmold, M.D., Gurdon Buck, M.D., Willard Parker, M.D., T. M. Markoe, M.D., Charles D. Smith, M.D., J. J. Crane, M.D., John O. Stone, M.D., George A. Peters, M.D.

Asst.-Surgeon B. Howard, U.S.A., late Medical Purveyor Army of the Ohio, has been ordered to report for duty to Major-General McClellan, the Medical Purveying Department of the Army of the Ohio having been transferred from Louisville to Cincinnati.

Medical News.

Health Assurance—Duty of Physicians.—Not only is it poetically true that

> "All men think all men mortal but themselves,"

but it is equally the fact that the only inquisitiveness expressed by the survivors, in nine cases out of ten, is as to the pecuniary state in which their deceased acquaintances leave their wives and families. By the loss of that once familiar face from their boards are the widow and children who remain to be plunged into poverty as well as into sorrow, or are they to have control over riches they have never known before? Perhaps neither, but left with just such scanty allowance of this world's goods as may permit them, with some struggling, to maintain a position but little different from that in which they have hitherto moved. If it have happened that during the time a man has been able to work and receive profit, he has been able, after paying the expenses of his present maintenance, to provide for that terrible contingency, loss of life or health, by hoarding up a store for future necessities, he may be said to have "provided for his family," and satisfactorily to have responded to the inquisitiveness of his friends. But if he have not; if he and his household have lived "from hand to mouth," he will have given another opportunity for us to hear the well known expression, "Ah! we thought how it would be; he has left his family quite destitute!" And how few men are really able to lay by anything from their daily wages or annual income! Or it often happens that such as could do so, would not, and those who would, could not. Or, again, that the little hoard which can be scraped together is but a widow's mite after all. Is there any way of guarding against the terrible calamity of a man, who has been living in competency, dying and leaving his family beggars? He has been hard-working, honest, and has held a respectable position, but it was impossible to *save*. He might, perhaps, have put by from five to twenty pounds a year, but what would that have been? Now the only way in which the too frequent and unfortunate result alluded to can be guarded against or provided for, is through *life insurance*. If a man cannot annually withdraw from his profits for investment such a sum as may insure a future subsistence for his family, he must pay an annual premium to a life office, which will secure to his estate a certain sum when he shall die. From what we have said, it is evident that it is in this way the majority of men must seek a future provision for their dependants—a provision which of course will differ in value according to the sum which can be annually spared to place in so profitable an investment. If a man be wise, however, he will seek to diminish the sum in question only by beginning to insure his life as early in his career as possible.—*Lancet*.

Death of Dr. Sanborn.—The Middlesex North Dist. Med. Society.—The following preamble and resolutions were unanimously adopted at a late meeting of the Society:—

Whereas, It has pleased God, in his infinite wisdom, to remove from the scene of his earthly labors, our friend and brother, Eben K. Sanborn, M.D., late of Rutland, Vt., formerly Surgeon of the 1st Volunteer Regiment of that State, but more recently, by the appointment of Governor Andrew, Surgeon of the 31st Volunteer Regiment of Massachusetts;

And, *Whereas*, he left a wide and extending practice to engage in the service of his country, in this dark hour of that country's need, it becomes eminently fitting and proper, that here, where his earlier years were passed, and his professional life, so full of promise and hope, commenced, some public recognition should be made by us, his surviving brethren, of his talents, his ripe attainments, and his moral worth;

Therefore, *Resolved*, 1st, That in the death of Dr. Sanborn, the medical profession has lost one of its young, but most promising members; one who pursued his chosen department of labor, with a zeal, an avidity, and an intelligence, that could not fail to elevate him to an enviable position among the distinguished surgeons of our times. That the country has been deprived, in one of the most important branches of her service, of one eminently fitted by his tastes and his surgical acquirements for the high position he was called to fill.

Resolved, 2d, That Dr. Sanborn has left to his compeers a bright example of what may be accomplished by patient study and investigation, and untiring ardor in the pursuit of knowledge.

Resolved, 3d, That we deeply sympathize with the bereaved family of the deceased in this most afflictive Providence.

Resolved, 4th, That this preamble and these resolutions be entered on the records of the Middlesex North District Medical Society, and that a copy of the same be forwarded to the Boston Medical and Surgical Journal for publication.

Medical College of Ohio.—This institution held an extra summer session, running through March, April, May, and June, and at the close of the term admitted the following gentlemen to the degree of Doctor in Medicine: D. D. Bramble, J. H. Clarkson, J. S. Ely, N. S. Hill, Robert Johnson, H. B. Lung, J. A. Lair, H. P. Kay, J. O. Marsh, C. D. Palmer, James A. Robinson, A. J. Rosa, G. W. Sayers, George E. Smith, Charles O. Wright, W. O. Walker, H. C. Waterman, J. L. Wylie, J. H. Wallace. We understand the class in attendance during the session was respectable in numbers. The valedictory to the graduates was by Prof. Blackman.—*Lancet & Observer*.

U. S. Army Hospitals in Philadelphia.—The following is a list of the military hospitals in Philadelphia, with their location, and the name of the surgeon in charge; Broad Street, Dr. John Neill, corner Broad and Cherry Streets; Buttonwood Street, Dr. A. C. Bournonville, corner Fifth and Buttonwood Streets; Christian Street, Dr. J. Reese, Christian Street above Tenth; Episcopal, Dr. R. P. Thomas, Kensington; House of Industry, Dr. Picot, Catharine Street, near Eighth; Master Street, Dr. P. B. Goddard, Sixth and Master Streets; Mechanics' Hall, Dr. G. C. Harlan; Fourth and George Streets; Pennsylvania, Dr. C. C. Lee, Eighth and Pine Streets; South Street, Dr. Jos. Hopkinson, Twenty-fourth and South Streets; St. Joseph's, Dr. W. H. Smith, Seventeenth and Girard Avenue; Summit House, Dr. Winthrop Sargent, West Philadelphia; Wood Street, Dr. C. W. Horner, Twenty-second and Wood Streets; West Philadelphia, Dr. J. J. Hayes, West Philadelphia.

In addition to the above, the following hospitals are being fitted up, and will be soon ready for occupancy: The German Hospital on Turner's Lane, calculated to hold 400 patients; the State Arsenal, at Filbert and Sixteenth Streets, which will hold 300 beds; the Hestonville Railroad Depot, West Philadelphia, with 120 beds; the Town Hall at Germantown, with 200 beds: and the Seminary Building of Mr. Crozier, at Chester, capable of holding 800 patients.—*Med. News*.

The annual meeting of the Schoharie Co. Medical Society, N. Y., met pursuant to call, at Schoharie C. H., on Tuesday, May 20, 1862. Dr. William Lamont, President, called the meeting to order. The following named individuals were received as members of this Society, viz. Charles Dickinson, M.D., Seward Valley; C. W. Havens, M.D., Summit; and N. Fanning, Jr., M.D., of Gilboa. The Society then listened to the address of the President. Subject: *Diphtheria*. A vote of thanks was given the President for his very able address, and a copy solicited for publication, which was granted, and Drs. John Pindar, Wm. Lamont, and G. M. Teeple, were appointed a committee for publication. Officers for the ensuing year: President, V. Danforth, M.D., Middleburgh. Vice-President, S. M. Van Alstyne, M.D., Richmondville. Secretary, John I. Swart, M.D., Schoharie C. H. Treasurer, John Pindar, M.D., Schoharie C. H. Censors, P. S. Swart, M.D., John Roland, M.D., S. B. Wells, M.D., P. P. Werner, M.D., C. C. Van Dyck, M.D. Delegate to State Medical Society, John Pindar, M.D. A report of cases in medical practice from several members, together with a general exchange of views of the cause, results, and treatment of *Diphtheria*, produced a most happy and harmonizing result. The Society adjourned to meet on Tuesday, during the term of the Circuit Court, in May, 1863.

We are glad to notice the return of Dr. Swinburne, of Albany, N.Y., from Richmond. Dr. S. was a volunteer surgeon, and at the time of the retreat of the army to James river, was in charge of the hospital at Savage's Station. He nobly remained with the wounded, and only returned home when they were released. What rank shall be given to Dr. Swinburne as an acknowledgment of his heroism? Only that of a volunteer surgeon.

Dr. Armsby, late United States Consul at Naples, returned with his family by the Arabia. He resumes his profession in Albany, and continxes his connexion with the College and Hospital.

George V. Winslow, of Massachusetts, and James Kinnier, of New York, have been appointed naval Acting Assistant Surgeons, and ordered to report to Captain Wilkes.

DEATHS.

Stebbins.—**Dwight D. Stebbins**, M.D., taken sick in the camp of the 10th Michigan Regiment at Big Spring, seven or eight miles below Corinth, of typhoid fever. In attempting to remove him home, he died on the steamboat David Tatum, at the wharf of Cairo, Ill., at 12 P.M., July 18, 1862.

Dr. **Stebbins** was a graduate of the College of Physicians and Surgeons, New York, in the class of 1859.

Milnor.—At Savage's Station, Va., on Friday, July 25, **William H. Milnor**, M.D., son of the late Rev. Dr. James Milnor, of this city, while serving as surgeon with the Twenty-second Massachusetts Volunteers. Dr. **Milnor** graduated at the College of Physicians and Surgeons in 1834, having been an office student of Dr. A. H. Stevens. He soon relinquished the active duties of professional life, and established himself in the drug-business, in which he continued until within a short period before entering the army. He died in the service of his country.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 4th day of August to the 11th day of August, 1862.

Deaths.—Men, 79; women, 91; boys, 218; girls, 185—total, 568. Adults, 170; children, 398; males, 292; females, 276; colored, 6. Infants under two years of age, 326. Children reported of native parents, 25; foreign, 330.

Among the causes of death we notice:—Apoplexy, 5; infantile convulsions, 42; croup, 8; diphtheria, 12; scarlet fever, 7; typhus and typhoid fevers, 18; consumption, 59; small-pox, 1; measles, 3; dropsy of head, 17; infantile marasmus, 23; cholera infantum, 186; inflammation of brain, 14; of bowels, 11; of lungs, 13; bronchitis, 8; congestion of brain, 5; of lungs, 5; erysipelas, 1; diarrhœa and dysentery, 88. 338 deaths occurred from acute disease, and 42 from violent causes. 423 were native, and 145 foreign; of whom 98 came from Ireland; 48 died in the City Charities; of whom 18 were in the Bellevue Hospital, and 4 died in the Emigrant Institution.

Abstract of the Atmospherical Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Aug. 1862	Barometer.		Temperature.			Difference of dry and wet bulb, Thrm.		Wind.	Mean amount of cloud.	Humidity Sat'tion, 1000.
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	In.	In.	°	°	°	°	°			
3d.	30.03	.04	78	71	85	9	18	SW. to SE.	3.5	610
4th.	30.04	.08	79	71	86	4	7	NE. to SW.	2	790
5th.	30.00	.04	81	74	87	5	7	SW. to SE.	7	780
6th.	30.00	.07	80	72	86	10	16	N.	1.5	580
7th.	30.15	.17	77	71	81	10	16	N. to S.	8	570
8th.	29.94	.20	87	75	95	9	14	W. to S.	2	660
9th.	29.74	.21	88	80	96	10	15	S. W.	3	654

Remarks.—3rd, Sultry A.M. wind changed at noon, cooler, cloudy late P.M. 4th, Very sultry; showery A.M and P.M. aurora at night. 5th, Sultry; fog A.M. hard thunder storm with much vivid lightning from 7½ to 9 P.M. 6th, Sultry, and clear. 7th, Hazy at midday. 8th, Very sultry after 10 A.M. variable sky P.M. 9th, Very sultry; tempest at 6 P.M. with light shower, variable evening. Sultriest week of the year. Rain for the week three quarters of an inch.

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To the Medical Profession.—Dr. I.

Parigot has changed his residence and is prepared to receive a very limited number of patients in his country house at Hastings, on the Hudson; he can be consulted in town at Dr. Douglas' Office, No. 12 Clinton Place, on Tuesdays and Saturdays, for Nervous Diseases and Medico-Legal questions.

Wm. H. Davol, M.D., late Physician

to L. I. College Hospital, Brooklyn, removed to St. Paul, Minn.

References.—C. L. Mitchell, M.D., T. L. Mason, M.D., Prof. E. N. Chapman, M.D., of Brooklyn; Prof. Austin Flint, M.D., Prof. B. F. Barker, M.D., of New York.

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HORACE GREEN, M.D., LL.D., Emeritus Professor of Theory and Practice of Medicine.
JOHN M. CARNOCHAN, M.D., Professor of Clinical and Operative Surgery.
B. I. RAPHAEL, M.D., Professor of the Principles and Practice of Surgery.
CHARLES A. BUDD., M.D., Professor of the Theory and Practice of Midwifery.
A. JACOBI, M.D., Professor of Infantile Pathology and Therapeutics.
E. NOEGGERATH, M.D., Professor of Clinical Midwifery and Diseases of Women.
J. V. C. SMITH, M.D., Professor of Anatomy.
WM. F. HOLCOMB, M.D., Professor of Ophthalmic and Aural Surgery.
SAMUEL R. PERCY, M.D., Professor of Materia Medica and Therapeutics.
HENRY G. COX, M.D., Professor of Theory and Practice and Clinical Medicine.
CHARLES A. SEELY, Professor of Chemistry and Toxicology.
HON. JOHN H. ANTHON, A.M., Professor of Medical Jurisprudence.
——————— Professor of Physiology of Microscopic Anatomy.*
JAMES E. STEELE, M.D., Demonstrator of Anatomy and Curator of the Museum.
GEORGE WOOD JEWETT, M.D., Assistant to the Professor of Midwifery.
WM. BALSER, M.D., Assistant to the Professor of Infantile Pathology.
F. S. SNEADE, Janitor.

A preliminary term will commence on Monday, September 15th, and continue until the Regular term begins. This Course will be GRATIS to those students who intend taking a full winter Course, and will be as follows:—

On Amputations, by	Prof. Carnochan.
" Gunshot Wounds, by	Prof. Raphael.
" Pregnancy, by	Prof. Budd.
" Anatomy and Physiology of the New Born, by	Prof. Jacobi.
" Bandaging, by	Prof. Holcomb.
" Anatomy of the Regions, by	Prof. Smith.

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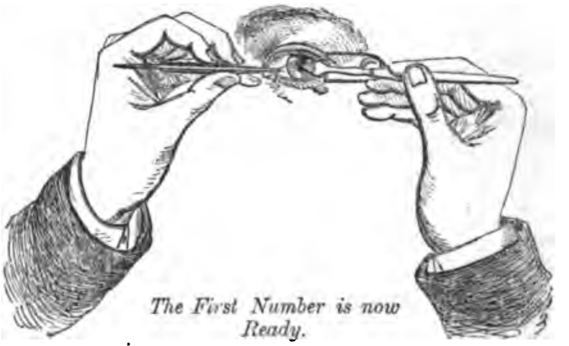
Further information as to Lectures, Terms, etc., may be obtained by addressing

PROF. B. I. RAPHAEL, M.D.,
Dean of the Faculty, 91 Ninth Street.

* Prof. Browne having received the appointment of Brigade Surgeon, has resigned the chair of Physiology. The chair is now vacant, but will be filled before the commencement of the Course.

American Journal of Ophthalmology

JULIUS HOMBERGER, M.D., Editor.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ON
DENTITION AND ITS DERANGEMENTS.

DELIVERED AT THE
NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL
IN THE PRELIMINARY COURSE.
SESSION 1860–61.

By A. JACOBI, M.D.,
PROF. OF INFANTILE PATHOLOGY AND THERAPEUTICS.

LECTURE XII.—PART I.

General Classification of Convulsions.—Dental Paralysis.—Name and Synonymes.—Views of Dr. von Heine.—Symptoms and Consequences.—Etiology.—Dr. von Heine's Reasons for its being a Spinal Affection.

THE remarks made in my last lecture on the various causes of convulsions, and the influence of some irritation of the dental nerves in bringing them on, enable us to classify their etiology in the following manner. Convulsions result from

I. Direct irritation either
  1. in the peripheric course of motory nerves, or
  2. in their origin in the central organ.
II. Irritation of sensitive nerves, the grey substance of the nervous centres being the joining link between the sensitive and the motory nerves,
  1. consciousness being entirely excluded—reflex—convulsions proper.
  2. consciousness being more or less excluded; the brain is the proximate seat.
III. Anomalous nutrition of the nervous tissue
  1. in the peripheric nerves,
  2. in the brain,
  3. in the spine.

In this latter class the morbid symptoms are either permanent, or temporarily induced by either
  1. direct irritation, or
  2. irritation of and through the sensitive nerves, or
  3. voluntary action.

In this classification we cannot include the sometimes permanent contraction of the muscles which does not at all depend on any morbid condition, or irritation, of the nervous system or a single nerve; nor those which, it is true, are brought on by either direct or reflected irritation, or by voluntary action, but at all events require a morbid condition of the muscular substance.

Although the above classification is thoroughly physiological and rational, you perceive at once the difficulty of bringing every case of convulsions occurring in practice, under its proper head. It is entirely impossible to know enough of the history of the patient and of the immediately preceding irritations in every given case, to determine its character. But this much is easily understood, from what I have said, that the large majority of cases of convulsions are of but a symptomatic character, and further, that the proximate causes may be very various and numerous. Therefore it follows, that the practice of explaining attacks of convulsions occurring during dentition, that is, a period of life where a large number of unwonted influences are brought to bear upon the unresisting infantile organism, by nothing but the irritation of the dental ramifications of the fifth pair of cerebral nerves—is entirely one-sided and unjustified. It is true, however, that the distinction between the various possible causes requires more pathological knowledge and diagnostic ability than mere dictatorial airs and the common practice of wantonly cutting down into the gums of a child affected with some unexplained ailment. Always be aware that convulsions are no disease, but the symptom of some morbid alteration or irritation, and that these alterations and irritations are very numerous and various, and that of those very numerous and various irritations, the protrusion of a tooth under more or less unfavorable circumstances, may be one.

Now, after you have reviewed the principal points of the etiology of convulsions, and found out with me the possible connexion of dentition and convulsions, it remains to speak of the connexion of the same process with paralysis, as occurring in young children. Most, but by far not all, of the cases of paralysis in infantile age are observed at the period of dentition, that is, about or after the middle of the first year. Inasmuch as the age in which this affection was principally observed, struck the minds of observers most, it was called *infantile* paralysis; because its etiology and nature were not understood, it was baptized *essential*, as we are pleased to name everything the nature of which we do not know, essential or specific; and as it was generally observed at the time of dentition, and thought to depend on some difficulties in the protrusion of teeth, it was called *dental*. Thus the terms, essential, infantile, dental paralysis, so common in both practice and medical literature, are synonymes.

Infantile paralysis, although not a common, is not an unfrequent disease, and an important one both for its practical bearings and its scientific interest. I shall try to explain, as far as possible, its etiology and nature; but before that I shall have to review the principal views held by the leading authors on our subject. Among the first ranks Dr. von Heine, with his book on *Spinal Infantile Paralysis*, who, in the attempt to provide an anatomical foundation for the peculiar symptoms of the disease, takes all the genuine cases of infantile paralysis for spinal affections. But the description of the characteristics of the disease, as found in his work, fully coincides with the teachings of other authors, and with what observations every one of you will have to make in his own future practice.

Essential, dental, or infantile paralysis, runs its course in two distinct stages, the first of which is very short, so short indeed sometimes that it is not at all or hardly noticed. An infant exhibits some slight symptoms of fever in the evening, is put to bed, sleeps more or less, sometimes quite well, and is paralysed when taken up. Sometimes, however, the initiatory symptoms are more serious, high fever, congestion, cerebral irritation, symptoms of meningitis, or of "difficult dentition" being present. Patient is restless, screams in paroxysms, the eyes are half open in the interrupted sleep. Vomiting, diarrhœa, or the symptoms of rheumatic fever are sometimes observed. Or the first symptoms of an eruptive fever, with or without convulsions, or an attack of convulsions depending on one or more of the above mentioned causes, isolated or repeated, will be observed. The child becomes tired, quiet, and is paralysed. Generally the lower extremities are affected, sometimes an upper one at the same time; frequently a single lower extremity, without an affection of the arms; in some cases paralysis is so local as to affect single muscles only. The urinary bladder and rectum are sometimes debilitated, but never paralysed for a longer period. The whole number of paralytic cases recorded by Dr. Heine amounts to 192. Of these, 158 were such as he comprehends under the head of spinal infantile paralysis. Of these were—

	Males.	Females.	Total.
Paraplegia	17	20	37
Hemiplegia	18	16	34
Partial paralysis	44	40	84

Paralysis of one arm was observed in two cases; it was never cured, and was never complicated with paralysis of any other organ. Paralytic lordosis was observed in a single case.

The second stage, that is, fully developed paralysis, is as long as the former is short. Vital turgor is diminished, skin and muscles are flabby. The sensitive nerves are not at all or but little affected; where there is in the beginning paralysis of the trunk and arm it disappears, with the exception of a weakness of the muscles of the back sufficient to give rise to paralytic scoliosis. Where the two lower extremities are affected, one will gradually recover its mobility, and sometimes nothing will remain of the original disease but the paralysis of some muscles, principally the peronæi. There is, however, seldom a thorough improvement after the first four, or eight weeks: then the temperature sinks, feet and muscles become atrophic, the bones decrease in both length and thickness. The muscles will shorten, the tendo Achillis being the first to contract; in consequence of repeated attempts at locomotion, deformities will at last show themselves. Lateral curvatures of the vertebral column are very frequent: a bluish tint of the skin, frostbites, and ulcerations are the results of the diminished efforts of the heart and arteries. Bowels operate slowly and insufficiently in many cases; menstruation is not interfered with, and in a single case was even observed at the early age of twelve years. Neither mind nor senses are affected. The renal secretion is more or less normal; some have found a superabundance of phosphate of lime at the time of the commencing atrophy of the muscles, but not all the authors have obtained the same result. The diseases peculiar to early age do not prove particularly dangerous, so that some patients have been known to reach an advanced age. Hutin records the case of a man who died at forty-nine years.

A year or two after the appearance of paralysis, deformities begin to develop themselves, particularly in the lower extremities. Their principal forms are the paralytic varieties of talipes varus, valgus, equinus, calcaneus, contractions of the hip and knee-joint, retrocurved, inverted, and everted knee. They depend on the want of equality as far as the degree of muscular paralysis is concerned; the completely paralysed muscles having lost their power, while their antagonists are still active to a certain degree. Thus talipes equinus is the result of contraction of the tendo Achillis which is not counteracted by an antagonist; the same affection combined with paralysis of the peronæi muscles produces talipes varus; paralysis of the anterior and posterior tibial muscles: talipes valgus; paralysis of tendo Achillis: talipes calcaneus. In a similar manner, in hemiplegia and paraplegia, where the extensors of the legs are paralysed, contraction of the knee is brought on; and adduction of the thigh to the pelvis is the result of paralysis of the extensors of the thigh. Of the mentioned deformities t. equinus comes usually first, t. varus next, t. valgus third, and lastly t. calcaneus. The differential diagnosis between this affection from cerebral and spasmodic hemiplegia is simple and easy; for in this latter muscular retraction sets in with the acute cerebral affection. Paralysis of the arm generally gives no rise to contraction and deformity, as mostly both flexors and extensors are equally affected, and no antagonistic muscular action is called forwards by any disturbance of the equilibrium.

The etiology of infantile paralysis appears simple enough, if we are to believe the assertions of Dr. Von Heine. The nervous centres undergo a rapid physiological development during the first years of life; in this period infantile paralysis is principally observed. Therefore there is a great liability to alterations of the brain and spine, in grave cases of difficult dentition, or severe exanthematic fevers, in consequence of hyperæmia, congestion, and irritation. The usual results of these processes are cerebral and spinal meningitis, with serous or bloody transudations, followed by pressure and paralysis. The age of such children is a very predisposing element, as about this period of life those pathological changes are of common occurrence; a further predisposition is attributed by the author to the very healthy, robust, and vigorous constitution of those generally affected, also to the presence of general symptoms of fever (also in other diseases), high temperature, congestion, convulsions, fright, screaming, and vertebral pain in such children as are sufficiently advanced to explain their sensations. Thus the author sees the cause of infantile paralysis in spinal effusions, in some perhaps in extravasations. The former supposition he considers as founded on the fact, that (by resorption, he says) a complete paralysis of the trunk and extremities will very generally disappear, to a certain extent, during the first period of the whole process. As to the results obtained by post-mortem examinations, they are very few indeed; for as infantile paralysis has in itself no tendency to terminate fatally, there are very few examinations on record. At all events, however, there are a few, which by their pathological remnants proved the spinal origin of the cases. As for other results found in the dead, they give no clue to the anatomical cause of the affection. Such, for instance, is the atrophy of the limbs, especially the muscles, and the degeneration of the latter into adipose, and in one instance even cellular tissue. Nerves and arteries require, it is true, a longer time, and have less tendency to become atrophied and degenerate, but they have been found to be so.

According to Dr. Heine, we need not wonder at the frequency of spinal diseases of local character. It is sufficiently explained by its normal hyperæmia, and its functional character. Lesions of the entire spine, however, are very rare; but Prof. Schiff has proved by experiments, that the affection of a limited part of the medullary substance of the spine may result in complete paralysis. Generally a lesion of the right side will be followed by paralysis on the right side, and *vice versâ*. The action of the sensitive nerves may remain normal, a circular pain only being felt in cases of mere compression of the spine, depending on dilatation of the blood-vessels, and effusion, or certain other diseases of the membranes. This circular pain even may be absent when the anterior lateral parts of the spine are affected. In cases of very superficial and partial affections of the spine, paralysis will be partial in a corresponding degree.

Original Communications.

REMARKS ON ALBUMINURIA,

MADE BEFORE THE NEW YORK ACADEMY OF MEDICINE.

By A. CLARK, M.D.,

PROF. OF PRACTICE AND PATHOLOGY.

(*Continued from page 46.*)

The other case has occurred more recently, and has not been reported. It was in a gentleman, sixty years of age, who had for six years been struggling with diabetes. He had been to a considerable extent his own physician, though when he thought he needed advice he applied to Dr. Cheesman. I saw him with Dr. T. M. Cheesman. A considerable portion of the six years he had made himself quite comfortable by observing the rules laid down by Camplin. About three or four weeks before his death, he was seized with slight rheumatic symptoms, and then a severe pain in the direction of the right sciatic nerve. The urine had fallen to a low specific gravity, had lost its diabetic characteristics, which, however, soon returned, and being examined for albumen, did not contain any, but did contain casts in abundance. Occasionally a specimen was found in which there was albumen, but the quantity was always small. The sugar soon returned, and continued, so that the urine was often both saccharine and albuminous. He died sinking away into a sort of semi-lethargy, easy, and without pain. I cite these two cases because I do not know of any similar ones that have been recorded. Dr. Smith stated to me that some were referred to by Camplin, but I have been unable to find them. At all events the cases are interesting, and were new to me. There is now under observation a gentleman from one of the western cities suffering from diabetes, in whose urine I discovered casts a month ago. His physician has been made acquainted with the fact, and if the case terminates as these have done, we shall have the advantage of noticing earlier the character of the disease, and marking its progress better; and if the termination is a favorable one, we may learn that the presence of casts is not always indicative of bad consequences.

In this connexion I may observe, that in one instance at least, diuresis or diabetes insipidus has been converted into Bright's disease. A patient, who was very well known in Bellevue, having been there five years ago, and the object of considerable attention on account of the large quantities of insipid urine that he passed, was at my last term of service at St. Luke's Hospital, a patient there. He has now albuminous urine, œdema, in a word, all the signs of confirmed and incurable Bright's disease.

Two of the most interesting relations of the affection under consideration are those noticed in scarlet fever and in pregnancy. During the whole course of scarlet fever after it is fully formed, I am led to suppose, from a limited observation, that the urine can be found to be albuminous in all the grave cases. I suspect it will be found to contain albumen after the second or third day of the eruption, and though I have not continued my observation in such manner as to speak with confidence in regard to its duration, it certainly in many cases is found again in about a fortnight from the termination of the eruption, and its appearance is marked by very well-known symptoms. Now, we have a train of symptoms and lesions which have not usually received the name of Bright's disease, still the changes that take place in the kidney are the same as those which occur in the large white kidney. In post-mortem examinations the kidney has been either large, or has been distinguished by the appearances that mark the white kidney. Casts are almost always found in this albuminous urine, and they are of the coarse variety, frequently loaded with large granules and the nuclei of kidney cells, and not unfrequently a considerable number contain blood. Such casts are found very frequently from the large kidney. The symptoms during life and the observations after death ally this affection so closely to the coarse forms of Bright's disease that we are compelled to recognise the relations and seek for a common cause. It is then not wrong to call it acute Bright's disease, although Bright did not include it in his classification. I said a little time ago that the consideration of this form of disease is to my own mind one of the most gratifying, because it is in the great majority of instances cured. In other words here is a form of kidney disease, advancing to great disorganization, produced by a specific poison, aided in many instances by the effects of cold air upon the surface of the body. The causes are at length removed by the co-operation of nature and art. The disorganized kidney then slowly returns to its normal condition, resumes its natural function, and health is restored. And while we can cure a disease which we cannot distinguish from Bright's disease except perhaps by its severity, I cannot but hope that the time will come when we can cure the chronic affection. Nearly the same remark may be made of the albuminuria of pregnancy, however produced, whether by the sympathetic relations between the nerves of the uterus and those of the kidneys, or by pressure of the gravid uterus upon the aorta below the emulgent arteries, by some influence which obstructs the return of blood from the kidney, or by some peculiar state of the blood, as in scarlet fever. No matter what may be the cause, the fact is sufficiently well established, that in a certain proportion of pregnancies, beginning sometimes at a pretty early period, the urine does become albuminous, the whole body is more or less œdematous, casts are found in the urine, and it is also well known that after parturition this same affection continues sometimes for one, two, three months, and then the patient gets well. So far as my observation goes, there are but few instances of this kidney of scarlet fever, and this of pregnancy, which take the chronic form of disease. I can refer to a few pregnant women who have become chronically affected, and who finally died, but they are very few. The great majority get well. Here, again, the cause onceremoved, the patient recovers.

There is still another relation of Bright's disease that is of very grave importance—it is its connexion with chronic disease of the heart. Here I suppose we are likely to lose everything that can be strictly denominated nervous influences, and I suppose if we seek an explanation we must look for it in the circulatory system—still I am not sure that this is a settled fact. The co-existence of Bright's disease and heart disease has been long recognised; the question that has remained debatable is, which is the cause of the other? I believe it is the more common opinion that the kidney affection produces that of the heart. This is not my conviction. On the contrary, it seems to me that I can cite a hundred instances in which the heart disease was recognised long before any symptom of kidney affection appeared. In most of these cases kidney affection has been looked for, and for a variable time not found, and no very grave symptoms were recognised until these organs had become involved. I do confidently believe, whatever may be the exceptional facts, that, as a rule, the heart is first diseased, and in some unexplained way induces the kidney complication. You may remember, Sir, a patient we saw together, and whom I had seen many months before with heart disease. I stated to him that he had heart disease, and that he would be able to attend to his business, if no disease of the kidney should show itself. There was no symptom of such disorder then, and the urine was perfectly healthy. You will remember how deeply affected with Bright's disease he afterwards became, and how soon he died. I have in my mind a great many instances of this sort where I have said to patients with heart disease years before their death—take care of yourself, live prudently, avoid alcoholic drinks and exposure to cold (as if I had said, don't get congestion of the kidneys), and nobody knows how long you may be comfortable; but let these organs become involved, and you can count the time you have to live in months, perhaps in weeks.

(To be Continued.)

THE

OPHTHALMOSCOPE IN MILITARY MEDICAL INSPECTION.

By HENRY D. NOYES, M.D.

The medical man who inspects recruits for the army, finds need of no little tact and skill to detect diseases concealed, or feigned, by those who desire either to obtain a bounty or to escape a draft. Many men have already found their way into the ranks of our army, whose imperfect eyesight unfitted them for duty, and in the coming conscription some may basely seek exemption by pretending to be thus disqualified. I propose to show how complete are the means of diagnosis and detection now at command in this important part of military medical inspection, viz. as to the actual condition of the recruit's eyesight. I do not allude to external diseases of the eye, but to the defects which lie concealed behind the iris, or are pretended to exist.

It is also needless to speak of dilatation of the pupil by the clandestine use of mydriatica: in doing this, the unsuspecting person little thinks that he is only preparing the way for the more complete discovery of his fraud, by laying open more extensively to the search of the ophthalmoscope the essential parts of the organ of vision.

It is not difficult to decide upon the degree of vision of the willing recruit. He must satisfy certain tests:—be able to see print of a certain size at a standard distance. It is not his capacity of reading fine print which should be tested, but his vision of distant objects—as reading a sign across the street, and discerning objects visible to those who are known to have good vision.

One point under this head merits notice, viz.—Should strabismus be a necessary disqualification? I readily assert that it should not—contrary to the rule usually laid down. It should lead to a more critical examination of the vision, but the actual state of the vision, and not the squint, should be the ground of the decision. Each eye must be examined separately, and if each can see to a distance clearly, the squint ought not to exclude the recruit. It often happens that in strabismus one eye is imperfect, and therefore squints. If this is the left eye, the soldier can take aim with his musket; if it be the right he seldom can, and may, therefore, be rejected. To rigidly exclude from the ranks all who have squint, would deprive ourselves of some valuable soldiers.

I had the satisfaction last summer of adding a soldier to a New York regiment, who had been discarded by the inspector on account of a very conspicuous divergent squint. The young man came to the Eye Infirmary for operation, determined to enter the ranks if the defect could be removed. I found he had perfect vision in each eye. By two operations upon each external rectus muscle, I completely cured the blemish. He could read ordinary print with both eyes simultaneously. He afterwards presented himself for a final visit, dressed in Zouave uniform and about to start for camp.

The case calling for exact discrimination by the medical man is when, on account of alleged obscure vision, a soldier seeks discharge or a conscript exemption. If the disability be genuine, justice to the service and to the person requires his exclusion; if it be feigned, his baseness demands exposure. The entire absence of external signs of ocular disease is of no account in deciding upon its presence. We are not, however, compelled to rely only upon the person's assertions: a careful use of the ophthalmoscope, by one who has had sufficient practice, will settle the question. A case in point is as follows: A man living on Long Island, aged 27 years, came to me desiring a certificate of disability for military service, on account of nyctalopia. This, he said, he had had for many years, and a sister had the same disease. At night his vision was so bad as to make it dangerous for him to go out. In dim light he could see objects only by looking directly at them, his lateral vision being extremely bad. To external appearance the eyes appeared normal, the media clear, the pupil active, iris natural, etc.

On viewing by the ophthalmoscope the interior of the eye, the eccentric parts of the retina were seen stippled with pigment in a kind of network or tracery; dots and lines, spider webs and bird tracks scattered about, and especially noticeable along and upon the twigs of the retinal vessels. The central portion of the retina was free from such deposit. This is the disease known as Retinitis pigmentosa, of which Donders, Müller, Graefe, Wedl, and others, have written. It is incurable. Of course the man is entitled to exemption from draft.

But the ophthalmoscope is not the only means at the service of the inspector. He may not feel confident of his diagnostic skill with the instrument. For a case of feigned dimness of vision it is indispensable; but if a man pretend falsely to have one eye blind, the cheat may often be quickly detected by the use of a prism. This is a suggestion of Prof. Graefe. Lead him into a dark room where there is but one lighted candle. Do not let him look at the light until a prism, say of 10° angle, shall be put before the "blind eye." Ask him how many lights there are, and he may say "two," when his deceit is exposed. If he do not get tripped in this way, hold the base of the prism towards the temple, and bid him look steadily at the light to be sure that there is but one. By looking fixedly for a minute or two, he will really come to see but one image; the muscles of the eyes instinctively adjusting themselves to effect this object. Then suddenly remove the prism, and the reputed blind eye will be seen to quickly assume another position in looking at the light. At the instant when the prism was withdrawn the man saw double images, then the eye turned inwards to recover single vision, proving the fact of vision in the eye in question. Another crafty device is to rotate the prism, and the man may assert that one of the lights is being moved upwards, downwards, etc., as the base of the prism is being turned downwards, upwards, etc., in a manner contrary to the direction in which the light appears to go. The physical illusion may thus disclose the moral deceit.

The possession of but one blind eye, especially if that were the left, might not exclude a man. If he profess to be *wholly* blind, the ophthalmoscope is the detective, but a man must have considerable medical knowledge and tact to avoid condemning himself under a critical cross-examination of his symptoms.

Another disease often assumed, or concealed, is near-sightedness. When it is falsely pretended to, it may be almost certainly exposed by requiring the man to read fine print held closer to the face than is possible for normal eyes. The ophthalmoscope, however, gives accurate testimony upon the refractive powers of the eye as well as upon the state of the tunics. By it one can recognise the near-sighted, the normal, and the far-sighted eye. These classes are distinguished, not by their capacity of seeing near objects, but of discerning distant objects. The near-sighted eye can see at a distance, only by aid of *concave* glasses; this is myopia. The normal eye requires no aid from the optician. The far-sighted eye needs *convex* glasses; this is better called hypermetropia, was formerly called hyperpresbyopia; the latter name is now going out of use.

In discovering these anomalies, we do not use the double convex objective lens, which furnishes the inverted image, but use only the ophthalmoscopic mirror, and seek to get an upright image of the fundus oculi. To do this the pupil must be widely dilated, and the power of accommodation annulled, therefore the solution of atropine must be of strength of gr. iv. ad ℥j., or a weaker solution be used several times during an hour.

In a normal eye, when its accommodation is entirely at rest, the retina lies exactly at the focus of the transparent media. The images of objects at a distance will be formed distinctly upon it, because the light comes from them nearly in parallel lines. Conversely, light proceeding from the retina out of the eye, will, after passing through the media, be transmitted in parallel lines. This is a well known law in optics. If an observer be so placed as to catch the light issuing from the retina, and if he adjust his own eye for parallel rays, he will get an image of the retina. If he bring his eye to within half an inch of the patient's, and still maintain the adjustment of his own vision for distant objects, he will see not only retinal vessels, but all or nearly all of the optic nerve at once. If, however, he withdraw to twelve inches' distance, he can see but a small bit of a single vessel, and that more magnified than before. As his distance increases the field contracts in area, and the magnifying power increases. At the distance of twelve inches no useful inspection of a normal eye can be had by the upright image; usually there appears only a reddish glare, with no distinct details.

How is it with the myopic eye in its refractive phenomena? I purposely omit mention of important lesions found in a large class of myopic eyes, which are so because of posterior staphyloma of the sclerotic. I deal only with the dioptric peculiarities. In these eyes, the retina lies beyond or behind the principal focus of the ocular media. Light coming from distant objects forms an image in front of the retina, and casts upon it only circles of dispersion, because the rays impinge upon it after having crossed each other.

What is the behavior of light coming from the retina out of the pupil of a myopic eye? Reference to a simple law of optics will show, that representing all the media by a single lens, and knowing the retina to be situated at a point further from the lens than its principal focus, the rays of light after transmission will be made more or less convergent, will ultimately cross each other, and at the point of crossing will form an image of the retina. This image may be at two inches or thirty inches distance from the patient's eye. The further the retina lies from the lens, the nearer will be the situation of the image, and the more intense the myopia; while vice versa, the slighter the myopia, the more nearly does the retina approach its true position in the principal focus of the lens, and the more distant the image becomes, because the emergent rays converge less rapidly. If this image is formed at a greater distance than twenty-four inches it will be difficult of observation, because a normal eye requires to be six inches removed from the image for its perception; this added to twenty-four makes thirty inches as the total distance between the patient and observer, at which distance the illumination by the mirror becomes too feeble. Therefore in cases of moderate myopia, those less than twenty-four, the observer, to get a view of the fundus, must use a concave glass to make the convergent rays parallel or divergent. If he place himself at twelve inches' distance he would need a concave lens for cases of myopia of six or seven. At this distance he will only see small parts of retinal vessels; they will appear clearly defined, and the apparent size less than in a normal eye. At twelve inches' distance, the visible field is necessarily small, and no proper exploration of the retina is in this way possible, but sharpness of definition and facility of discovery of the retinal vessels of a moderately myopic eye will arrest the observer's attention; the eye cannot be of normal refraction. To prove the abnormity to be myopia, let the observer approach to within an inch, or, if possible, closer to the eye; instead of getting a larger field and better view as in a normal eye, he would be able to see nothing at all. This settles the diagnosis of myopia, but does not determine its degree. This can be approximated to by finding how strong the concave glass needs to be to see the fundus from a given distance, say of three inches, the observer's visual power and seeing distance being known, and the concave glass found by trying one after another. In an admirable treatise upon the Ophthalmoscope, by Dr. Adolf Zander (Der Augenspiegel, seine Formen, und sein Gebrauch. Leipzig und Heidelberg, 1862), he gives a table for finding the exact concave glass needed when the patient's myopia is known, and also the observer's seeing distance. I aim only to show how in a simple but decisive manner the existence of myopia may be proved or disproved.

Again, there are phenomena peculiar to refraction in a hypermetropic eye which are easily appreciable to the ophthalmoscope. In this case the retina lies in front of the principal focus of the refracting media; it lies too near to the lens. Distant objects would form their images at a point behind the retina, and by intercepting their rays before they cross, it receives only diffused light. Tracing the course of the rays as, when proceeding from the retina, they pass out of the eye, we find that because they come from a situation nearer to the lens than its principal focus, they continue divergent in a greater or less degree, according to the degree of hypermetropia. But in such a case the fundus ought to be easily visible, because we are accustomed to see all objects by diverging and parallel pencils of light. Such is the fact. At twelve inches you see the retinal vessels as clearly as in a decidedly myopic eye, much more so than is ever possible in a normal eye. As you approach more closely the extent of field increases, the sharpness of outline and amplitude remain the same. Eyes like this require convex glasses for distant objects; extreme illustrations of this defect are patients who have been operated for cataract.

En resumé of these distinctions between normal refraction, myopia, and hypermetropia, in their ophthalmoscopic adjudication—the pupil being widely dilated and the observer supposed to have normal vision.

At twelve or eighteen inches' distance:—in the normal eye vessels are indistinctly visible, the field small, only a small part of a vessel visible, and that highly magnified. In the myopic eye, where the degree is moderate, nothing is seen. If the degree be intense vessels are sharply defined, the field large, the amplification slight. In the hypermetropic eye, vessels are well defined, the field small, amplification greater.

At two inches' distance:—in the normal eye, vessels become distinct, the field larger. In the myopic eye, nothing is visible of details. In the hypermetropic, the field is larger, vessels distinct, amplification about the same.

I may not conclude these remarks without allusion to a well known method of discerning myopia. This is by the use of concave spectacles. In the Austrian military service the rule adopted is that those persons are unfit for service, who, with concave glasses of six inches focal length, can make out print or characters half a line high and of corresponding breadth, at less than six inches' distance from the eye. In this way a judgment may be rapidly made, and those who are highly myopic easily eliminated. The print or characters alluded to are equivalent to what we know as "pearl," which is No. 2 of Jæger's scale. It is impossible for a normal or hypermetropic eye to read this with concave six at less than six inches distance. A myopic eye which requires a glass —12 or —14 may do it: those less than this cannot, those greater than this will. This test excludes those who are anxious to prove their myopia, but does not detect a slight degree of myopia in one who seeks to enter the army. For this purpose, the ophthalmoscope becomes necessary.

Lastly, a case of amblyopia is sometimes mistaken for an abnormal state of refraction, because such persons sometimes use spectacles. They sometimes use convex glasses for reading, simply as magnifying glasses. I have also seen a person with very dim sight because of advanced choroidal disease, use a deeply concave glass to see distant objects, such as the numbers of houses and the names of streets. Inspection with the ophthalmoscope would at once explain the true state of the eye, what the amblyopia depended upon, and also if it were combined with real abnormities of refraction.

278 Fourth Avenue, New York, August 18, 1862.

CASES

TO SERVE IN THE HISTORY OF THE RELATION WHICH EXISTS BETWEEN

PUERPERAL FEVER AND EPIDEMIC ERYSIPELAS.

By M. PIHAN-DUFEILLAY,

INTERNE DES HOPITAUX, MEMBRE OF THE SOCIETES D'ANTHROPOLOGIE ANATOMIQUE-MEDICALE D'OBSERVATION.

[Translated from the French of the Union Medicale, by Dr. P. F. C Deslandes, of New York.]

(*Concluded from* p. 88.)

The ordinary coincidence of puerperal fever and traumatic erysipelas is admitted. No matter whether these two diseases act over each other and mutually engender each other, or whether the wounded and lying-in women be the victims of two accidents totally distinct, having the same origin; the essential point is to admit this identity of the cause, which so many chemists acknowledge without owning it clearly. Now, it constantly happens that one same cause produces only effects of the same kind, except the secondary modifications which its effects undergo, in proportion to the qualities and properties peculiar to the subjects which are submitted to its action. In virtue of this principle our lying-in women, and those out of the puerperal state, having been exposed to the same cause of infection, the latter must have acted on their organism in the same way, but with a rapidity proportioned to their predispositions, their debility, their force of resistance, the energy and integrity of their nutritive functions. Therefore, did we see our lying-in women debilitated by the fatigues of gestation, the efforts and the pains of labor, the hæmorrhage of delivery, attacked within the twenty-four or forty-eight hours after confinement. On the contrary, erysipelas made its appearance at the end of five, six, seven days, and sometimes much later in those women in good health, and consequently more able to resist longer external impressions. But this morbid influence once felt, the anatomical modifications which accompany it, having neither constancy nor fixed place of election, it will follow that these manifestations will be expressed by the lesion of the organs whose vitality is excited, and which their irritation predisposes to become the seat of serious changes. In the lying-in women it will be the lymphatic vessels and veins of the uterus, the uterus itself and peritoneum—hence, puerperal fever with its complications, so frequent, of lymphangitis or of uterine phlebitis, of metritis and peritonitis. In the wounded, in whom the venous and lymphatic system is injured, also, it will be lymphangitis, erysipelas, and purulent absorption. On the subject whose skin, hardly excoriated, presents but few irritated lymphatics, it will be lymphangitis and erysipelas. If we view the local lesion in this way, although we recognise the anterior existence of the general affection, which alone, to tell the truth, constitutes the disease, we find the explanation of its most marked symptom, the erysipelatous eruption which, in the women submitted to our observation, had always for a starting point a slight solution of the continuity of the skin.

The examination of the general symptoms, the study of the really serious phenomena which characterized the disease, rendered the prognosis uncertain, and brought on the death of one of our patients, fully corroborate the opinion we have just stated of one same morbid cause producing two effects of the same kind, which are distinguished only by some of their accessory phenomena. These secondary phenomena, superadded, to a certain extent, to the principal disease, and whose intensity could change the symptoms proper to the primitive disease, are peritonitis and its own proper symptoms in puerperal fever, inflammation of the lymphatics, tumefaction of the face, sympathetic cerebral reaction, lesion of the mucous membrane of the larynx, or erysipelas. Apart from special symptoms which inflammation of the peritoneum and that of the skin and lymphatics of the face bring with it, we find in puerperal fever, as well as in our erysipelas, a collection of symptoms so peculiar, so complete, so characteristic, that it must have struck all those who at that time followed the clinic with any attention. The patient is suddenly taken with chills, rather violent; fever appears; diarrhœa supervenes spontaneously or only at the end of thirty-six hours; the breath is fœtid, the tongue dry and fuliginous; there is extreme depression, then immobility and prostration, an indifference disproportioned to the intensity of the local accidents; dyspnœa appears within twenty-four or forty-eight hours, without appreciable anatomical cause, as if the globules of the blood had lost, as was shown by Vogel in true puerperal fever, the property of complete hæmatosis; there is until death some nocturnal subdelirium without agitation, with clearness of the intellect during the day; lastly, the pulse remains all the time very quick and small. Does not this picture represent the summary of the three cases of erysipelas given above, as well as a short description of the pathognomonic symptoms of the typhoid form of puerperal fever, one of the most grave varieties of this disease, and that to which most of our lying-in women fell victims? Add to the above symptoms, for some, abdominal pains, tympanitis, vomiting of green matters, and a contracted facies (facies grippé) testifying to the peritoneal complication; for the others the erysipelatous redness and swelling of the face, the difficulty of speech, the absence of abdominal symptoms, and you will have the complete description of the phenomena presented by our patients attacked with erysipelas, and those affected with puerperal fever. Let us compare this erysipelas, which yields to none in intensity, with simple erysipelas, and even with bilious or mucous erysipelas, which come nearer to it, and we shall find there neither vomiting, nor frequent delirium, nor the slow pulse, nor the diarrhœa, nor even the constipation which characterize this form; moreover, we will meet with symptoms which do not belong to simple erysipelas, so that if we wished to compare with the symptoms of another disease the phenomena which succeeded each other in the erysipelas whose history we are now giving, it would not be among the other varieties of inflammation of the skin, but only in typhoid puerperal fever that we would be able to find a unity of comparison.

One more remark on the eruption, the march of which presented something unusual in the way in which the erysipelatous growths (poussées) succeeded each other, invading several times the same parts, reappearing when the symptoms seemed to be about to disappear, and prolonging the disease for such a long time that the only means of obtaining the cure of some of our subjects was to send them out of the ward. These relapses, mentioned as rare by classical authors, are referred by them to the bilious and mucous varieties of erysipelas, in which the general symptoms predominate, and which are assimilated to malignant fevers by most physicians. Some have gone further, and have, basing themselves on observations, given this symptom as constant in erysipelas due to the miasma of puerperal fever. For us who are ignorant of the value of this symptom, we will simply state that it was striking in those cases we have observed, and that these facts agree fully with the examples cited, and the opinions expressed on this subject.

Post-mortem furnished us unfortunately with signs of but little importance for the solution of the problem which engages our attention. The characteristics of the erysipelas and puerperal fever remaining yet to be found, the lesions we have observed have quite a secondary value from which it is impossible to arrive at a precise conclusion. However, they are rather favorable than contrary to our opinion; the spleen was softened and hypertrophied, the blood, thick viscid, darkish, coagulated in diffluent clots, characteristics already observed in some erysipelas, and which belong to this disease as well as to typhoid affections and puerperal fever. The peritoneum was injected, but we think this lesion supervened during the last twenty-four hours of life: therefore we mention it, without daring to interpret it.

One word more of the change observed in the mucous membrane of the larynx at the autopsy. Whatever might have been its origin or nature, sure it is that we have observed it in two other cases, where the patients died of infectious erysipelas contracted in the surgical wards, where it remained among the wounded. One, suffering from a sprain, was observed by us at the Hôtel Dieu, in the service of Mr. Robert, where he died of spontaneous erysipelas of the face, with symptoms analogous to those met with in the women at St. Louis. The other died at the same period in the surgical wards of La Charité; and we examined the larynx presented to the Société Anatomique, by Mr. Guéniot. Is it not singular that identically the same lesion should have been met with in two subjects who died from the epidemic erysipelas common to the surgical wards, and in a woman placed outside of any condition of traumatism and crowding, but submitted to the influence of puerperal miasma? Notwithstanding the importance of such comparison (rapprochement) it would not of itself suffice to settle so difficult a question; and it would be venturing too far to base oneself on the similitude of these three alterations to conclude as to the identity of the cause that produced them—and hence, as to the unity of the principle of puerperal fever, traumatic erysipelas, and spontaneous erysipelas. Therefore, do we only point it out; it belongs to men better qualified than we to deduct the consequences, and to indicate the relations which unite all these affections.

Although the facts we have given seem to leave but little doubt as to their etiology and nature, we strictly confine ourselves to the *rôle* of observer. Having related what we have seen, we will take good care not to discuss a subject so embarrassing, and which our masters treat so differently. We wished to give to our cases only the value of an exact information, and we leave to others the care of interpreting them.

The death of one of the most illustrious of the members of the French Academy of Sciences is announced—of M. de Sénarmont.

Reports of Hospitals.

NEW YORK HOSPITAL.

AMPUTATIONS OF THIGH AND OF FOREARM—SYME'S OPERATION—DISLOCATION OF THIGH—VARICOCELE TREATED BY LIGATURE—REMOVAL OF FRACTURED END OF TIBIA, ETC., ETC.

[Reported by JOHN T. KENNEDY, M.D., Acting House Surgeon.]

(*Concluded from page 92.*)

IV.—*Amputation of Thigh for Osteo-Sarcoma of Leg.*—Andres Cator, æt. 19, private 48th New York Volunteers, was admitted July 18th. He stated that seven months previously he had first noticed a swelling on the outer side of right leg about its middle, which prevented him from being on duty for two or three days at a time; but that recently he had been incapacitated for any work whatever. The tumor had increased rapidly within a few days, so that at the time of admission it extended from the ankle nearly up to the knee-joint. The circumference of the swelling at its most prominent portion measured seventeen inches. Sharp pains were complained of in the tumor, from time to time, ever since its first appearance. There was no hereditary predisposition to cancer. On the 21st inst. a consultation was held, as a result of which the thigh was amputated at the juncture of the upper and middle thirds. The flap method was adopted, the edges of the wound brought together by sutures and adhesive plaster, and the whole covered with cold water dressings.

An examination of the tumor by the microscope showed it to be unmistakably malignant. It involved the whole of the shaft of the fibula, the tibia being free from the deposit.

Recovery took place without any complications.

V.—*Amputation of Thigh for Gunshot Wound of Knee.*—Patrick McGowan was wounded at the battle of Fair Oaks, eighteen days previous to admission. The ball entered at the outside of the left patella, and lodged, as was supposed at the time, in the popliteal space. An incision was accordingly made in that situation, but failed to discover the ball. At the time of admission the wound in the popliteal space had healed, while at the entrance of the ball there was an ulcerating surface about the size of a twenty-five cent piece. In the course of the third or fourth day after admission the knee became very painful and much swollen. This condition of things gradually increased, and pus accumulating in the joint an incision was made on the fifteenth day, giving vent to a profuse discharge. During all this time the strength of the patient had been very much depressed. Continuing to run down, and life being in jeopardy, a consultation held on the twentieth day, advised an operation as a *dernier ressort.* The thigh was amputated at the junction of the middle and lower thirds by a circular incision. In order to give the patient every chance to recover, the operation was performed in the ward, and he was immediately after placed upon his bed.

The wound in the severed limb was then examined, and was found to have been inflicted by a buckshot, which had opened the joint and buried itself in the outer condyle of the femur.

Immediately after the operation the patient seemed to rally very satisfactorily, and remained in a promising condition for several hours, at the end of which time he began to sink, and died in the course of twenty-four hours after the operation.

VI.—*Crushed Hand—Fracture of Radius—Amputation of Forearm—Purulent Infection, etc.*—Frank Bowman, æt. 42, a German tailor, was admitted June 4th, and was unable to give any satisfactory account as to the manner in which he received his injuries. His friends, who accompanied him, however, stated that a short time before, while lying asleep on a railroad track, he was run over by the train. His right hand was found badly crushed at the radio-carpal articulation, the wound communicating with a fracture of both bones of the forearm near their middle. The vascular supply was completely cut off from the hand below, it being cold and insensible. Besides these injuries there was also present a simple fracture of the left radius near its carpal extremity (Colles'). There was not much shock.

The left forearm was placed on a straight palmar splint, and secured in position by strips of adhesive plaster. The patient was then etherized, and the right forearm was amputated near its middle by the double flap operation. The tissues in the neighborhood of the wound were dark-colored, but were possessed of a sufficient vitality to promise good union. The general condition of the patient was very good for several days, when a rather extensive burrowing took place, followed by purulent infection. Abscesses formed on the head and in the joints, causing the patient gradually to sink. He died of pyæmia about two months after admission.

VII.—*Crushed Foot—Syme's Operation.*—W. S. Maynes was brought to the hospital on the 26th of June, suffering from a severe and extensive wound of the foot which he received in a saw mill. It was badly crushed in a lateral direction, the toes and metacarpal bones being crowded promiscuously together. Syme's operation was performed as soon as the patient recovered from the shock, and the recovery has been perfect.

VIII.—*Dislocation of Femur on Dorsum Ilii—Reduction by Reid's Method, with the aid of Anæsthesia.*—Pat'k McGowan stated, that on the 7th of June, immediately before admission, he was caught between the buffers of two railroad cars, one striking the left hip and the other the knee of the same side. On examination the head of the femur was found luxated on the dorsum ilii, the foot being averted and the limb shortened three and a half inches. The reduction was effected under the influence of chloroform by Reid's method without any difficulty, and the two limbs afterwards bandaged together in an extended position. On the 21st the patient was allowed to get up, and on the 27th was able to walk out of the hospital on crutches.

A second case of dislocation of the femur was also treated in the same service, but the head of the bone was displaced in the ischiatic notch. The same method of treatment was adopted, and in ten days subsequently the patient was able to walk about.

IX.—*Varicocele Treated by Ligature.*—Thos. Dolman, æt. 21, a native of Ireland, and a carriage maker, presented himself for treatment of varicocele on the 12th of June. About a year previous he first, accidentally, noticed that the scrotal veins on the left side were enlarged. This he at once referred to the frequent and violent exertion which he was accustomed to make. The presence of the disease became in time, to him, a great source of annoyance and discomfort, and he at length decided to submit to an operation for its removal. He accordingly gained admittance into the hospital for this purpose. The scrotum was found very lax and redundant, and the scrotal veins were very much enlarged, presenting the usual tortuous appearance. On the 16th the patient was etherized, when the bundle of veins were carefully separated from the vas deferens and ligated in three places, the skin between each ligature and its vein being divided. A similar operation to this was performed during the same month and with the same result.

X.—*Fistula in Ano, Treated by Ligature.*—A case of fistula in ano was treated by ligature with a very satisfactory result. The patient, a merchant, 30 years of age, had suffered from a fistula to the right of the anus for upwards of a year, when he placed himself under treatment. A curved eyed probe was introduced into the opening armed with a stout silk ligature, which was brought out by the anal opening and simply tied. The patient was then allowed to leave. The ligature gradually separated, and when he reported himself in the course of a fortnight or three weeks, the wound had healed and he was entirely cured.

XI.—*Compound Fracture of Leg—Sawing off of Lower*

End of Upper Fragment.—Adam Edwards, æt. 35, a native of New York, coachman; was thrown from a horse, receiving a compound complicated fracture of the right leg a short distance above the ankle. The wound in the soft parts was for the most part situated anteriorly, and the lower end of the upper fragment of the tibia protruded through the wound in such a manner as to render it impossible to reduce the fractured portions. This end was sawn off to the extent of two inches, when the limb was brought out in a straight position and properly adjusted in a fracture-box. The patient is now doing well, new bone forming from the periosteum which was left, and the promise is that there will be very little shortening.

This case is interesting only as an example of conservative surgery. In times gone by such an injury would have been a sufficient excuse for immediate amputation.

There has been performed a very interesting operation of removal of a tumor from the shoulder of a patient who had previously suffered amputation at that point, but as it is the intention of Dr. Briddon, who had charge of the case previous to admission, to give all the points in detail, it is but due to him that he should not be anticipated.

Progress of Medical Science.

RECENT DEATHS UNDER CHLOROFORM.

The terrible frequency of deaths consequent upon the administration of chloroform for surgical purposes is a matter which cannot be regarded with indifference. Two deaths are now to be recorded, both under somewhat noteworthy circumstances.

John Emanuel Hill, of Norwich, aged sixteen years, was one of these unhappy persons. From the evidence given at the inquest, and the remarks of the coroner, we gather that the lad was the subject of disease of the bone of the great toe, the result of injury. He was placed under chloroform by Mr. Willis, not a qualified medical man, in the presence of Dr. F. C. Holland and Mr. Crawford Bell, both qualified practitioners, but said to entertain homœopathic views. Dr. Holland stated that the patient was a very healthy young man, that from a careful prior examination he was satisfied there was no disease which would render the inhalation of chloroform dangerous, that a very small quantity of chloroform was administered, and that the patient died in five minutes from the commencement of the inhalation. We pass over the statement of Dr. Holland, that from the first he considered that *nothing would save life* but amputation of the toe; and we only call attention here to three facts: the quantity of chloroform does not seem to have been measured; it was administered by an unqualified person, without using any apparatus for determining the proportion of chloroform in the inspired air; it was employed for a minor operation. The second case is that of Pierre Pelletier, aged thirty-three, the subject of fistula. His physician had examined the head and heart prior to causing chloroform to be administered, and found nothing to create doubt. However, the patient died under chloroform. Mr. Gant, of the Royal Free Hospital, found the heart and lungs extensively diseased; the disease of the heart is described as "atrophy." Mr. Gant commented, apparently with some severity, on the mode of administration, and the laxity of the prior examination of the deceased. The physician, however, appeared to have taken most of the usual precautions, and he was properly acquitted of all criminal implication in the death of the patient. But here, too, it is proper to point out that the chloroform does not appear to have been given in measured quantity, that no apparatus was employed for regulating the admixture of air, and that the operation was one of a minor character. These conditions have now been found concurrent in so very large a proportion of fatal cases, that we cannot but continue to attach to them the importance which we have always maintained to belong to them.

Some dozens of lives have now been sacrificed by the administration of chloroform for the extraction of teeth, the removal of superficial sebaceous tumours, amputation of toes and fingers, and other trifling operations. Although Dr. Holland went to the extreme point of saying that he considered from the first that nothing could save his patient's life but amputation of the toe, yet it may be properly assumed that the affections mentioned do not involve issues of life and death. Moreover, we would point out that the facilities for procuring local anæsthesia are too much neglected in these cases. The removal of superficial tumours, the evulsion of nails, and the incision of abscesses, may be performed with the most complete absence of pain if the part be previously refrigerated by the well known mixture of ice and salt. The most painful of minor operations is the evulsion of the great toe-nail. Mr. Ernest Hart recently stated at the Medical Society of London that he had more than once performed this operation with the aid of the freezing process, the patient being completely unconscious of pain. It is sometimes complained that this process is tedious in its application; but to insure rapidity, it is only necessary that the ice should be very finely powdered, or, what is better, flaked with the end of a knife or cucumber-slice. It has lately been stated that the local application of chloroform in a particular manner, which we recently described, causes anæsthesia of the part; the application of compresses steeped in solutions of aconite has produced the same effect. The more general application of local anæsthesia is a means of diminishing that considerable mortality from the use of chloroform which must justly increase the growing fear with which the profession and the public regard that useful and beneficial agent. There are some features in many of the cases ending fatally which seem to show that a false security has been engendered as to the use of this agent. Dentists, druggists, and practitioners of but limited experience, are found administering chloroform under very trivial inducements, and omitting those precautions with which some of the most experienced and accustomed chloroformists would not venture to dispense. No prior examination, or a very imperfect one, is made; the chloroform is not measured; no apparatus is used; the admission of air is regulated by a rule of thumb; the pulse and respiration are not systematically watched and noted; and death occurs. It is highly desirable that a stricter *régime* should prevail, and that the administration of chloroform should not be thought or spoken of, or practised as a light matter. We protest against its employment where local anæsthesia may be substituted, where unskilled persons are the agents, where proper examinations and watchful supervision are not instituted, where provision is not made for its careful measurement and the regulated admission of 95 per cent. of atmospheric air, and where means of resuscitation are not apparently provided. The frequent recurrence of deaths by chloroform is a veritable misfortune to humanity and to science; it is one against which we are bound to employ all the care and forethought which are applicable to its prevention.—*Lancet.*

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Chicago City Hospital.—The building was erected by the city at a cost of seventy-five thousand dollars. It is pleasantly located, its wards are spacious, and the arrangements for ventilation and bathing are perfect. It contains a Medical, Surgical, and Obstetric Department; also a special department for the Eye and Ear. Private patients may occupy separate apartments, and will be admitted from any part of the county by paying from $3 to $5 per week for board, washing, nursing, and medical attendance. Ephraim Ingalls, M.D., and Joseph P. Ross, M.D., *Physicians.* Joseph W. Freer, M.D., and Geo. K. Amerman, M.D., *Surgeons.*

American Medical Times.

SATURDAY, AUGUST 23, 1862.

MEDICAL MEN IN COURTS OF LAW.

The value of medical evidence in questions involving the causes and nature of deaths by unknown means has now been recognised nearly three centuries and a half. During this long period it has frequently demonstrated its accuracy of investigation of the subtile forces which destroyed life, and led with unerring certainty to the detection of the criminal or the exculpation of the innocent. In this field of research no other class of scientific experts can supersede the medical witness. His conclusions are based on an accurate knowledge of physiology, pathology, anatomy, chemistry, and the physical sciences, together with those attendant circumstances which are open to the observation of every one. The special knowledge which the medical witness is supposed to have, gives him the position of a skilled person, or one who is capable of deciding questions beyond the comprehension of ordinary witnesses. The position of the medical witness therefore becomes one of great importance to the cause of justice and truth, as well as of great responsibility. The courts of law are accustomed to accord to his testimony great value, and to regard his opinions with the most profound respect. To sustain well the high character of the medical expert in courts is not a trivial undertaking. In the first place, no small amount of knowledge of the medical sciences in general, is requisite to cope with the abstruse and obscure questions to which medico-legal questions give rise. There was a time indeed when surgeons only were allowed to testify as to the wounds of murdered persons in English courts, but that period has passed, and to-day the medical witness is expected to bring to the stand the most profound knowledge of his profession in all its departments of scientific investigation. In the second place, he must be an acute and logical reasoner in order to place the facts which he has drawn from science and from the surrounding circumstances in such harmony of relation, as to make an unbroken chain of logical sequences. We might add as a third qualification, and which is the most important of all in the interest of justice—a perfectly disinterested mind, devoted only to the discovery of the truth.

We have frequent and painful proofs that medical men do not always appreciate the responsible and truly dignified position which they are called to fill in courts of justice. Forgetful that they are presumed to be experts, or persons whose scientific attainments give their opinions great weight, and above all that they are unbiassed by any circumstance connected with the case, except positive and unquestioned facts, too frequently the medical witness takes the stand, an avowed partisan, and shapes his evidence to sustain some personal interest or preconceived notion. Nearly all the cases of trials for alleged mal-practice have their incipiency in the malicious suggestions of a medical man, who subsequently comes upon the witness-stand as an expert in settling the many questions in which he has a personal interest. The position of such a witness is unenviable in the extreme. He is unworthy the name and association which give him such power for evil, and should be discountenanced by every means which we possess in our individual or organized capacity. The injury which such men inflict upon their brethren is incalculable; many are made to incur heavy expenses, others are mulcted in damages, which afterwards hang heavily upon their resources, while a few are discouraged and driven from the profession. It is the duty of local societies to make stringent regulations in regard to that class of physicians who incite a prosecution for mal-practice. The case should be investigated rigidly, and if the evidence convicts, the name of the guilty party should be stricken from the membership of every medical organization.

Important as is the position of the medical man in courts of law, when upon his opinion rests the fair fame of a brother practitioner, it bears no comparison to those cases in which the life of an individual is trembling in the balance. The responsibility which falls upon the medical witness in trials of suspected murder, is more weighty than that which occurs in any other relation of life. He assumes, indeed, to determine with more accuracy than can any other witness who did not actually see the act committed, the nature and causes of the death. His opinion is based upon an analysis of facts, often extremely subtile, and generally susceptible of various explanations. How important that his mind should be entirely free from all preconceived theories, and that he should be uninfluenced by position or prejudice. And yet we have occasional instances of medical witnesses exhibiting a degree of feeling altogether incompatible with that dispassionate search after truth, which should characterize the expert.

Medical witnesses, also, occasionally seem forgetful of or at least disregard professional courtesy, and manifest towards the opinions of their brethren a degree of contempt quite unworthy of their high position. In the history of a recent murder trial in this State, we have a melancholy example of the rancor which one medical witness may exhibit towards another, growing out of a mere difference of opinion. Accusations of dishonesty, falsehood, and sinister motives are as unqualifiedly made against a member of the profession of irreproachable character and of the highest respectability, but a differing witness in the case, as if the parties were in a common street brawl. One witness taunts another with being paid for his services, as though that were a crime, and at the same time announces that he himself received nothing, as though that were a virtue, and gave greater impartiality to his opinion. Every physician who resorts to such unworthy and unprofessional means in a court of law, only degrades himself.

We could wish that in this country, at least, the medical profession would study more thoroughly forensic medicine, and come to appreciate the true dignity of a medical witness. The courts accord us the highest position in the scale of evidence, and it is exceedingly important that we do not abuse or lessen their confidence.

THE WEEK.

The medical inspection of enlisted men is, as far as we can learn, a most shallow farce. Under the pressure of a per caput fee, the inspecting officer aims to increase the numbers which he daily passes to the largest possible extent.

A single inspector has been known to examine two hundred and fifty persons in eight hours; thus giving less than two minutes to each. It is notorious that the troops from the State of New York, of the regiments sent but last year, had every manner of disability. Even cases with double hernia of large size, were endorsed by the inspecting officer. These abuses should be promptly corrected. It has recently been announced that Dr. CHARLES MCMILLAN, formerly Medical Director of General PORTER'S Division, army of the Potomac, has been assigned to duty on Governor MORGAN'S staff. We hope it will come within the duties of this officer, who is thoroughly familiar with the wants of the service, to reform the system of medical inspection which is now rapidly filling the army with worthless soldiers.

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GREAT attention has recently been given to the issue of consanguineous marriages, principally from the interest which the paper on this subject in the Transactions of the American Medical Association excited. Similar investigations have been made in England and in France. The last which we have met with is by M. BOUDIN. The following conclusions will prove of interest:

> "That these marriages in France are about 2 per cent. of the whole of the marriages of the country; that the proportion of the born deaf and dumb issuing from marriages of consanguinity is, in relation to the whole number of born deaf and dumb, at least 25 per cent. at Lyons, 28 per cent. in Paris, and 30 per cent. in Bordeaux; that the proportion of born deaf and dumb increases with the degree of consanguinity of the parents. If 1 represents the danger of producing a deaf and dumb child in an ordinary marriage, the danger is 18 in the marriages of cousin-germans, 37 in the marriages of uncles and nieces, and 70 in those of nephews and aunts. At Berlin, 1 deaf and dumb is found among every 10,000 Catholics, 6 in every 10,000 Protestants, and 27 in every 10,000 Jews. In other words, the proportion of deaf and dumb increases with the facility accorded by different forms of worship to unions of consanguinity."

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THE practice of extirpating a diseased eye to preserve a healthy one is disapproved of by Sichel, the French oculist. The following are stated to be his views:

> "With regard to the extirpation of a diseased eye, practised for the purpose of preserving the sound one, M. Sichel says that it is an operation which has been greatly abused of late. It is undoubtedly true that a disease in one eye may at last affect the healthy eye; but affections of this nature very often depend upon constitutional causes; and, when this is the case, it happens that the healthy eye becomes at last affected as the result of the diseased constitutional conditions. The extirpation of the eye primitively affected cannot in any way cut short the influence of these constitutional causes upon the healthy eye. The general affection of the body was the original cause of the ocular disease, and is also the cause which keeps up the disease; and the right treatment, therefore, for the preservation of the healthy eye, is to attack by therapeutics the general affection. M. Sichel also remarked, that his observations of the good effects of general treatment in diseases of the eye had often led him to combat the too frequent tendency to surgical operations in these diseases."

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A CASE was recently tried in England, involving the question of the proper disposition of the "dissected fragments of humanity, as they pass from the schools to the burial-ground." The law requires that the bodies of dissected persons shall be "decently interred in consecrated ground." Counsel contended that "inasmuch as the burial service was intended as a solemn rite for the consolation and benefit of the living, its performance in the absence of all witnesses over the decayed fragments of a dissected body was improper and unbecoming." The judge, however, overruled this opinion, and decided that the remains "should have the burial service read over them."

Reviews.

THE CHICAGO SANITARY COMMISSION. Second Report. Chicago: 1862.

FROM the second report of this Commission we have most gratifying evidence of the success which has attended its efforts to distribute the charities of the people among the sick and wounded. The following extracts will give some insight into its operations:—

> "FINANCIAL STATEMENT.—It will suffice to state in this place, that the receipts in money during five months have been $12.434,43, of which $5,000 were contributed by the Common Council of the City of Chicago from the public funds, and $2,000 by the Chicago Board of Trade from its Treasury. Not a few individuals have also given liberally, some from their wealth and others from their poverty. The expenditures for the same time have been $10.702,74."
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> "TO WHAT PLACES SENT.—We have sent, during the past five months, 1427 boxes and packages of goods from our rooms in Chicago, many of which were valuable medicinal stores, purchased in this city by the Commission, to supplement important deficiencies in the supplies of the United States. The distribution has been to the hospitals and camps at and near Cairo, Paducah, Pittsburg Landing, Hamburg, Savannah, and Corinth, and also to a small extent to Missouri."
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> "NO DISTINCTION MADE AS TO TROOPS.—Some have supposed that the Commission have been partial to the troops from Illinois in the appropriation of the supplies furnished; but the apprehension is quite unfounded. We never inquire after the State from which the suffering soldiers come, but aid all who are on our field of operations in the army of the West. We have received liberal supplies from Wisconsin, Michigan, and Indiana, as well as from our own State, and we have made corresponding use of our stores, both in supplying regimental and post hospitals, and the General Hospital at Mound City, and in furnishing the boats detailed to transport the sick and wounded. Twice we fitted out (at an expense of *one thousand dollars*, on each occasion, for *medicinal supplies simply*, in addition to boxes of clothing, &c.), steamboats sent for the purpose of bringing home Illinois soldiers, by our Governor; but the money was contributed for that express purpose by the Chicago Board of Trade. We did a similar act out of our general funds, for the boat sent by the Governor of the State of Wisconsin. We tendered similar aid to the Governor of Michigan by a letter, to which no answer was received."
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> "ENLARGEMENT OF OPERATIONS.—Mr. Thomas P. Robb observes in his report—The amount of supplies shipped up the Tennessee river has been truly wonderful, and it gives me great pleasure to inform you that your Commission and the State of Illinois stand at the head of the list. The shipments of the Chicago Sanitary Commission have been more than double any other Society of the kind, and most certainly no other State officers have used the same untiring efforts, as those of Gov. Yates, Col. Moses, and Secretary Hatch, in behalf of the sick and wounded. Great care is taken by Drs. Douglas and Grimsted, that all requisitions are faithfully and properly applied, and in no instance do they fill requisitions with articles not needed by the sick and wounded. Since the battle of Shiloh, I have known the weekly distribution of Sanitary Stores to run as high as five thousand dollars."
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> "SOLDIERS' HOME AND DEPOT OF SUPPLIES AT CAIRO.—To no result of our labors during the past five months, can we point with greater satisfaction than to the establishment, at the suggestion of Dr. J. H. Douglas, of the U. S. Sanitary Commission, of the Soldiers' Home at Cairo, for the brief entertainment of the poor fellows who arrive at that point from the army, and have no means of procuring food and lodging. Weak and ill

in body, discouraged and despondent in mind, strangers to the place and people, destitute of money, though often creditors of the Government, they need some roof to shelter them, and some friend to secure the papers necessary for their discharge or their journey home. At our request, the Government provided a building and the usual army rations, and we have placed there a Superintendent and an Assistant, to act as a guardian to the men in all the respects in which they need advice or aid. About fifty soldiers slept there, on an average, every night, though occasionally as many as one hundred and thirty have been accommodated. These have usually departed in the morning train with cheerful and grateful hearts. The entire number thus aided has been about *three thousand!*"

Is Tracheotomy in True Croup a Justifiable Operation. By John O'Reilly, M.D., Licentiate and Fellow of the Royal College of Surgeons in Ireland: Resident Fellow of the New York Academy of Medicine; Member of the Medico-Chirurgical College of New York. pp. 23.

Dr. O'Reilly entertains novel views of the causes of croup. He contends that it depends upon a specific poison as much as intermittent fever or small-pox, and should be treated by such remedies as will tend to neutralize the poison and eliminate it from the system, combined with tonics. His remedies are ipecac to unload the stomach and remove irritation; calomel to increase the secretion of bile, and clean out the intestines; quinine to strengthen the organic nervous system and neutralize and overpower the poison; and sulphate of potash to convert the albumen into mucus. The following are his views of tracheotomy and the use of chloroform:—

"I have further to protest against the operation of tracheotomy in true croup, on the following grounds:

"*Firstly.* That the operation cannot be productive of advantage, inasmuch as the air cannot be brought in contact with the sound part of the lungs in consequence of the diseased action of the organic glands, which have thrown out a false membrane in the trachea and bronchi, and a similar substance to the false membrane in the air-cells, which thus *throws* up a *blockade against the contact of the air with the pulmonary glands.*

"*Secondly.* That there is *primâ facie* evidence that the operation is useless, inasmuch as the patient dies *after the operation* at certain intervals, as before stated.

"*Thirdly.* That it is well established, that in cases suitable for the operation of tracheotomy, such as foreign bodies in the trachea, idiopathic or specific laryngitis, secondary croup, there is very little danger to be apprehended from the operation: it therefore follows that the great mortality attendant on the operation for true croup, must be the consequence of some other difficulty in addition to the impediment presented by the false membrane to the entrance of air into the lungs: the truth is, the patient dies from exhaustion of the organic nervous system and want of oxygen, when death takes place after the operation.

"It has been stated that some of the patients on whom the operation has been performed, have been put under the influence of chloroform, and that there was very little difficulty experienced in producing insensibility. Having protested against the operation of tracheotomy in true croup, I cannot find language sufficiently strong to protest against the administration of chloroform to a child suffering from true croup."

The Physician's Visiting List, Diary and Book of Engagements for 1863: Philadelphia. Lindsay & Blakiston.

This is a very convenient book for the practitioner, containing all the details which he may require in compact form.

The Half-Yearly Abstract of the Medical Sciences: Edited by W. H. Ranking, M.D., and C. B. Radcliffe, M.D., No. 35, January to July, 1862. Philadelphia: Lindsay & Blakiston.

Half-Yearly Retrospect of Practical Medicine, Surgery, and Obstetrics. By W. Braithwaite. New York: W. A. Townsend.

These semi-annual publications are filled with the gleanings of practical matter from the various medical journals. Every physician should subscribe to these works.

Correspondence.

HOSPITALS AT NASHVILLE, TENN.

[To the Editor of the American Medical Times.]

University Hospital, Nos. 2 and 3.
Nashville, Tenn., Aug. 6, 1862.

Sir:—I append a copy of the reports of the number of sick and wounded who have been under treatment during the past five months in the General Hospitals, Nos. 2 and 3, under the direction of Surgeon A. Henry Thurston, U. S. V. The report for March covers only the cases under treatment during the three weeks following the tenth of the month, as previous to that date everything was in a chaotic state of transition. Before the surrender of Nashville, the two large buildings of the University of Nashville were occupied by sick and wounded soldiers from the ranks of the Confederate Army. A large supply of hospital stores had also been accumulated on the premises. But during the panic which was occasioned by the capture of Fort Donelson, about the 20th of February, the number of patients which at one time had been not less than twelve hundred, was rapidly diminished, so that only the most wretched and helpless were left, to hail the coming of our surgeons. The medical stores were depleted in a similar manner, and the University Hospital presented an appearance in no way calculated to inspire its inmates with hopes of recovery. This was a condition of affairs which grew worse every day till about the 8th of March, when surgeon Thurston was placed in charge. He found seven hundred sick and wounded men, the majority of them from the ranks of Gen. Buell's army, shivering in the uncleaned wards and halls of the two buildings under his direction. Fuel, food, and medical attendance were first supplied. Cleanliness, order, and discipline speedily followed; and the number of patients for whom suitable accommodations could not be furnished, was diminished as rapidly as possible. In less than two weeks Dr. Thurston presided over a hospital which in every respect of situation, provision, and resources requisite for the successful treatment and comfort of patients, was unrivalled by any other military hospital in the Western Department.

The University Hospital is remarkably fortunate in its situation, since it occupies the building and grounds of the Academic Department of the Nashville University, upon a hill in the southern suburb of the city, about one mile and a half distant from the capitol. The two buildings which were formerly devoted to the barracks and recitation rooms of the students in the Military School, now offer accommodations for five hundred patients. There is also within the same inclosure a large house in which the professors formerly resided. To this were attached the cook-house, the dining hall, the washrooms, and the engine-house of the University. The operations of this establishment are continued without change, only it must be confessed that the apartments of the fugitive faculty are occupied by Dr. Thurston and his staff of assistant surgeons, while the dining hall is three times daily thronged with convalescent United States Volunteers, who fill the places once consecrated to the use of the Nashville cadets. A convenient house for the deposit of the dead has been erected, and various other improvements have been introduced, so that the institution is now quite complete. A fence surrounds the grounds, inclosing sixteen acres of grass-plot, affording to the convalescent patients an opportunity for exercise out of doors without exposure to the temptations and injurious influences which assail the invalid soldier who is compelled to seek the open air in the streets of a city.

Of the two buildings which are devoted to the accommodation of patients, one (Hospital No. 2) is a large two-story structure, well built of limestone, arranged in the form of a cross. The quondam recitation rooms and halls afford space for thirteen wards, all large, airy, and well lighted. Smaller rooms under the same roof have been fitted with conveniences for bathing, and for the use of the subordinate officers of the hospital. The edifice known as Hospital No. 3 is located about one hundred yards behind No. 2. It is a three-story brick building, with central halls, which longitudinally divide each floor, and give access to twenty-five small apartments that were used as lodging-room for the students. Each of these cells is entered through one doorway, is lighted by one window, and contains five beds. To prevent any stagnation of the air in these narrow wards, the doors have been removed from their hinges, so that every patient can take advantage of the fresh air which is continually circulating through the wide entries and central passage-ways, an arrangement which insures a degree of ventilation more complete than is possible in many hospitals whose plan is more complicated and pretentious. The privies are removed to a distance of one hundred yards from the building: a circumstance which in this mild climate seldom occasions any inconvenience to those patients who are able to leave their beds. The diet of the patients is excellent. There is an abundance of milk, beef, bread, rice, and vegetables, all of the very best quality. Beef-tea, soup, and ice are supplied without stint. Besides all this, the pockets of the patients are generally so well lined with the coin and the notes of the United States that, while the comforts of many are generally increased, it is impossible to obviate that tendency to repeated attacks of cholera morbus which is a feature so remarkably characteristic of the convalescence of our more juvenile warriors.

A glance at the accompanying table will indicate the diseases which most harass the soldiers in this vicinity. Wounds and injuries have been very rare in Nashville since its occupation by the northern troops. The siege of Fort Donelson consigned to the surgeons in charge of the various military hospitals in this city a number of interesting cases of gunshot injury, but since the 1st of April the surgical practice in this hospital has been very limited. Nor does the medical practice compensate for this deficiency by that variety which is found in those great metropolitan institutions where every age, sex, and condition seeks relief. It is the nature and frequent occurrence of the few diseases which are peculiar to a military life that render our hospital service interesting.

Acute diseases of the respiratory organs were very prevalent during the wet weather which followed the progress of our troops towards the battle-field of Shiloh; but since the 1st of May it is not often that a patient complains of any recent thoracic affection. The alimentary canal of the north-western soldier is the route through which the citadel of his health is most easily assailed. The acute forms of diarrhœa and dysentery do not vary from those with which you are familiar, but the chronic cases are very intractable. Dr. Tripler, in his little Hand-book of Military Surgery, has drawn a very accurate picture of the progress, conclusion, and post-mortem appearances characteristic of camp dysentery; and the mode of treatment which he has recommended is the only one which has thus far seemed to promise any great degree of success in the attempt to combat the ravages of this disease. As for the forms of fever which come under our notice, it is undoubtedly true that typhoid fever was of frequent occurrence during the spring months; this is proved by post-mortem inspection of patients who have succumbed to the disease; but if all the cases of fever attended with rose-colored spots upon the skin, diarrhœa, etc., etc., are to be reported as cases of typhoid, we must conclude that the disease is modified in many particulars by its intimate relation with the causes of the remittent form which has thus far marked at least nine-tenths of the cases of fever which, during the last three months, have been placed under my observation. Intermittent fever is usually treated in the camp, and is therefore seldom found in the general hospitals. Of the congestive, or pernicious form, I have seen but one well marked case. This was a private from the 13th Michigan regiment, Francis M. Howe, aged twenty-eight, a native of Southern Michigan, who had always enjoyed excellent health till his arrival at Nashville, during the month of March, 1862. He was soon attacked with a fever, said to have been typhoid, and remained in one of the hospitals till the middle of May, when he was dismissed to the camp for convalescents, in the suburbs of the city; but complaining continually of *rheumatism* and *debility*, he was sent to the University Hospital, where he was placed under treatment, June 26th, 1862. He then presented the appearance of a sunburned, muscular, well nourished man, an appearance which he never lost. The only visible sign of disease was an unusual paleness of the tongue and of the palpebral conjunctivæ. For this, he was ordered quinine and iron; but at eleven o'clock, July 1st, he experienced a slight chill, followed by fever which continued for an hour. A scruple of quinine, taken in divided doses during the following day, suppressed the disease till July 11th, when another chill with subsequent fever occurred. The use of quinine, six grains each day, had been continued during this interval. Another scruple was administered the next day, and the patient experienced no further renewal of the chills and febrile movement, but July 17th he found himself oppressed by uneasy sensations, *rheumatic pains* he called them, and his skin was covered with fœtid perspiration which continued through the day and night. He took a scruple of Dover's powder during the day, and twenty grains of quinine next morning. After this he was remarkably well till July 24th. The peculiar perspiration was renewed during the previous night, and continued the greater part of the day. Was ordered ten grains of Dover's powder every four hours till the cessation of the fetor. July 25th was ordered four compound cathartic pills, to be followed by a scruple of quinine; but whether the quinine was ever taken is uncertain, because of a prejudice which the patient entertained against the use of the antiperiodic. He, however, declared himself perfectly well till Sunday morning, July 27th. During the preceding night he had experienced a painless diarrhœa, which had occasioned three or four fluid stools. His appetite seemed unimpaired. He complained of pains in his limbs, and of a singular, burning sensation in his stomach, such as he had never before experienced: an insatiable thirst which water would not quench. He walked about the wards conversing with his companions till the time of the morning visit. His appearance was then in no respect unusual, but he was ordered to take a scruple of quinine in solution, an order which was never obeyed. At half past nine o'clock the patient laid himself down upon his bed, and was soon seen to move his feet, and to jerk his arms and head backwards. At the same moment his respiration became stertorous, and froth appeared upon the lips. The whole cutaneous surface rapidly grew purple and moist, but not cold: in less than two minutes he was dead.

Sectio Cadaveris.—July 27th, 3 o'clock P.M., five hours after death. Rigor mortis had not supervened; the whole body was warm, and the skin was yet moist. The livid color had disappeared, excepting from the lips and nose, and from the depending portions of the body. The frame was compact, muscular, and well clothed with adipose tissue.

Cranium.—The arachnoid was raised by a considerable serous effusion. At the base of the brain were not less than four ounces of fluid. There was no unusual congestion of the pia mater, or of the substance of the brain, nor was the amount of fluid in the ventricles perceptibly increased. The grey matter was very little, if at all darker than usual; the lower surface of the middle lobes was much softened.

Thorax.—The lungs were perfectly healthy: the pleural investment of the right lung was bound by old adhesions to the costal pleura. Very little fluid in the left pleural cavity. The heart was healthy: its left ventricle was firmly contracted and empty; the right ventricle contained a small white clot; the right auricle was immensely distended with black, fluid blood. The pericardium contained about five ounces of clear, serous fluid.

Abdomen.—The intestines were uninflated: their only contents were a thin, pasty, straw-colored fluid, very scanty in amount. The external surface of the duodenum and jejunum presented a beautiful pinkish hue: the ileum and the colon were more darkly congested. The mucous membrane of the entire alimentary canal presented no sign of pre-existent disease, unless the solitary glands of the cœcum were larger and more conspicuous than is usual; several of them were near the size of a mustard seed. The spleen was not enlarged: it was of a slate-color, and its substance was as firm as that of the liver. The kidneys appeared to be healthy. There was no accumulation of fluid within the peritoneal cavity. The liver was full of blood, black, and fluent. Its color was a dark chocolate tint. The gall bladder was filled with liquid, yellowish-green bile. The blood was uncoagulated in the veins of the arm, as well as throughout the viscera.

This is the first case of congestive fever that has proved fatal under my observation. The sickly season is, however, at hand, and we may have further opportunities to study the disease.

Yours, &c.,

Henry M. Lyman, M.D.

Report of Sick at General Hospitals for the Quarter ending June 30th.—Congestive fever, 10; common continued fever, 31, died, 6; intermittent fever, 31, died, 1; remittent fever, 75, died, 5; typhoid fever, 42, died, 29; typhus fever, 13, died, 4; erysipelas, 7; rubeola, 1, died, 1; diarrhœa, acute, 152; chronic, 22, died, 10; dysentery, acute, 16, died, 1; chronic, 4; gastritis, 4; hepatitis, 1; icterus, 19, died, 3; parotitis, 3; peritonitis, 1; splenitis, 1; tonsillitis, 3; bronchitis, 23; catarrh, 23; phthisis pulmonalis, 12, died, 8; pleuritis, 24; pneumonia, 33, died, 14; angina pectoris, 2; meningitis, 1, died, 1; neuralgia, 10; paralysis, 2; diabetes, 1; nephritis, 4; orchitis, 3; syphilis, primitive, 9; consecutive, 1, died, 1; anasarca, 3; lumbago, 4; rheumatism, acute, 29; chronic, 9; abscess, 1.

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FOREIGN CORRESPONDENCE.

LETTER IX.

By Prof. Charles A. Lee.

PUBLIC HEALTH—WATER SUPPLY AND METHODS OF FILTRATION—DISEASED MEAT.

London, July 12, 1862.

This imperial city now extends over 122 square miles, numbering nearly 3,000,000 of inhabitants, and represents the civilization of the age. It also offers unrivalled advantages for the study of mankind, under singular circumstances. Its average annual mortality is a fraction over twenty-two in a thousand, and the recorded observations of the last twenty-three years have thrown great light upon the prevalent causes of disease; indeed, it has been well observed that the results are as valuable as an experimental philosopher could have deduced from his experiments, if he had had the power to expose the population to great vicissitudes of heat and cold, of dampness and dryness; to the changes incidental to differences in the prices of food; to air and water of different degrees of impurity; and to destructive epidemics. No fact is better established than that excessive heat and cold injure health, and increase the mortality, the first, by occasioning bowel complaints, the latter, diseases of the respiratory organs—the effect being much the greatest in infancy and old age, and varying with age at rates regulated by laws.

Water, as it forms the greatest portion of the human body, has been well called the life-blood of cities, and the lowest mortality range is only compatible with a high degree of purity of this element.

The water used for drink by the inhabitants of this city is derived from shallow wells, deep wells, New River, the river Thames, and its tributaries. The well water is very impure, and has a large amount of organic matter in solution derived from cess-pools. The Thames is the great sewer of London and the country adjacent. In 1849, when 14,125 persons were swept away by cholera, it supplied the south and west districts of London with drinking-water, containing large amounts of organic matter, and it was found that the rates of mortality by that disease bore a direct ratio to the impurity of the water used by the inhabitants. No more important fact, perhaps, has ever been established by registration, than that the liability to attack from epidemic cholera is in proportion to the quantity of decaying organic matter contained in the water drunk. This was so fully proved by a committee appointed by the Board of Health, to inquire into the deaths in every house supplied by the different water companies, that it has never since been disputed, and yet the quantity of organic matter in the Southwark water, which proved so deleterious, was only two grains in a gallon in excess of that in the Lambeth water, so that 15 in 10,000 died of cholera who drank of water taken high up from the Thames, at Kew and Hammersmith; 48 in 10,000 in districts supplied by tributaries of the Thames; and 123 in the same number supplied with water taken from the foul part of the Thames, between Battersea and Waterloo Bridge. The tributaries of London have, in fine, proved beyond all doubt, that water containing minute quantities of organic matter, as river water receiving the sewage of towns, or surface wells in cities, into which impurities will find their way, must often contain the elements of zymotic diseases, and can never be drunk with entire impurity. In other words, it is a truism, that the purest water is the healthiest. Government, acting on this well established fact, directs twelvemonthly analyses, by a skilful chemist, of the waters of each of the six companies which supply London with water, to be published in the Weekly Tables, so that the public constantly know, or have the means of knowing, what kind of water they are drinking. It would not be amiss to have a similar regulation adopted in regard to our New York Croton water, which is often loaded, in hot weather in summer, with organic matter, in the shape of infusoria, which increase, as is well known, with miraculous rapidity. This may be easily remedied now, as we have three reservoirs, by causing the water to be entirely drawn off from each, at certain intervals, during the summer and autumn, the city being in the mean time supplied from the others. There is no doubt in my mind that this cause contributes to the high death ratio in New York, especially among children; for the reduction of the mortality in London coincides very accurately with the improvement in the water supply. It is well known that the sewage of this city is, in general, very perfect, and no city in the world, so far as I know, is always kept in a cleaner condition. Hence it is not illogical to attribute the diminished mortality (22.49 in 1000 living in London, in 1860) to the improved water supply.

And this brings me to a subject which has been suggested by a late visit to the International Exhibition, viz. the various methods of filtration and other modes of purifying water there displayed. More than one hundred different patents have been taken out in England for the purification of water, and we often see beautiful fountains of curious devices fitted up in shop windows, where such apparatus is kept for sale. So far as I have been able to investigate the matter, *carbon*, in some form, is the agent generally employed, although there is scarcely a porous or tasteless substance in nature but what is put in requisition for this purpose. When charcoal is employed it is usually made solid by compression, as the finer the pores the more perfect the filtration, as is supposed. But there is always this difficulty, that the pores in a hard mass must unavoidably become more or less clogged in a short time, and there is no way of cleansing them. This objection must always, as it seems to me, apply to filters made of consolidated charcoal; granules of animal charcoal, it is well known, offer an equally effectual resistance to impurities, and filters composed of it can be readily cleaned by simple rinsing. Still, filters made of solid masses of silicated charcoal, silex being employed to give shape and consistence, are now very popular in London, and are in constant use in the royal household, and most houses of the nobility and gentry. The silex usually employed is a refuse of gas-works; formerly some bituminous compounds were used to bind the carboniferous particles together—many prefer filters made of loose particles of charcoal, in grains about the size of gunpowder, regarding silex, pitch, or any other substance to bind the particles together as having no advantage whatever, and being simply an adulteration. Such are Danchell's filters, while Messrs. Dahlhe, Atkins, and others are the solid blocks. A popular error in regard to water needs correction, and that is, that water containing deleterious matter must necessarily be foul in appearance; whereas some of the wells in London, which yield apparently the clearest, brightest, and most translucent water I ever saw, are absolutely so loaded with organic matter as to be poisonous, and no filtration will correct the evil. Whatever the impregnations may be, they are not removed by carbon filters; nor will any of these one hundred filters remove any of the salts of lime held in solution—not even the phosphates of the graveyards and cemeteries. It is well that we have such infallible chemical tests for these and other mineral salts and substances.

One highly original plan of filtration by Mr. Spencer deserves special notice, and that is, the *magnetic* system of purifying water, which has now been adopted in the public supply of several large towns. This is the same gentleman who discovered electro-metallurgy, and I believe that he confidently claims for his system, that it will separate all mineral and organic matters whatever from water. That it may readily separate all ferruginous matters I can readily understand; but on what principle it removes salts of lime, or other minerals, is not very easy to comprehend.

In my visits to the various markets in London, and especially to those narrow, dark streets, where meat is sold to the poorest classes, I have been greatly surprised to see the great quantities of diseased meat allowed to be sold. I have seen, within sound of Bow Bells, more diseased meat offered for sale during the last two months, than I ever saw in New York during my whole life. Indeed, such samples of flesh meat, I venture to say, could hardly be found beyond the precincts of this city; and that notwithstanding there are plenty of Health Officers and Inspectors. Generally it sells as low as a penny per pound, and it is fearful to think what quantities of it must be consumed by the poorer classes. It is especially patronized by the sausage-makers, soup shops, and beef and meat pie shops. Such meat is sent here from all parts of the country, even from a distance of 150 miles, or more; and some Insurance offices exist in London, who insure cattle and sheep on condition that if the animals die from diseases, they shall belong to the Company, "the party insuring receiving two-thirds the value of the animal, and one-third the salvage; or, in other words, one-third of the amount the beast is sold for when dead." And those Insurance offices have their own slaughter-houses, where such animals are killed and dressed. Nearly 5000 lbs. of such meat have been recently seized in this city in one week, and yet the trade flourishes. It has been ascertained also that a considerable portion of this diseased meat comes from urban cow-houses—a pest quite as common here as in New York. The contagious pleuro-pneumonia, which has recently proved so fatal to cattle in New England, has prevailed extensively in England of late years, and is the most fatal of all diseases affecting ruminant animals. It has recently been shown, that within the last few years this disease has prevailed more or less in every dairy in the city, and that probably *in all cases*, cows sick or dying of it, have been sold to the butchers. This contagious lung disease has extended to most of the grazing districts of the island, affecting sheep as well as cattle; and as soon as an animal gives any signs of an attack, it is slaughtered and sent to London, or some of the great towns. The disease, however, is said, by veterinary practitioners, to be more ripe among London dairy stock than elsewhere, owing to the over-crowded, ill-ventilated, and filthy cow-sheds. The obvious remedy for this evil is, the abolition of private slaughter-houses, and the erection of public *abattoirs*, as in Paris. No animal should be allowed to be privately killed and dressed; and this should be extended to the whole kingdom. The great multiplication of private slaughter-houses in New York furnishes extensive facilities for the sale of diseased meat; and the immense number of cows kept in close stables, and fed on distillery slops, furnish strong temptations to their owners to make their carcasses profitable, as well as their milk, even when dying of disease. Perhaps closer investigation in regard to this matter may lead to the discovery of evils whose existence is hardly suspected. However this may be, there must exist some powerful special causes of sickness and death, of far wider scope and greater intensity than are found in London, to account for the much higher death rate than prevails here, or in any of the large cities of Great Britain, or even of Europe.

Medical News.

Chromhidrose.—Several medical men, as our readers may remember, have given in their belief in the existence of a malady called cromhidrose. M. Behier, in the name of a commission appointed to investigate the case of the female at Brest presented by M. de Mericourt as a subject of the affection, has sent in a report. This report points out the way in which medical and other believers have been deceived. The black coloring matter used by the feminine adepts appears to have been chiefly of a sooty kind. When the coloring matter was removed from the eyelids, the discoloration was reproduced by vigorous winking. It never returned *suâ sponte*. A supply of the coloring matter was found at the base of the eyelashes, agglutinated around the hairs. By the use of the kohenit—a dark cosmetic applied to the eyelashes—and by winking, the chromhidrose was produced in a few minutes. M. Robin, on analysis of the dark matter, stated that it was a substance *sui generis*, and of the nature of the coloring matter of the choroid, and was mixed up with fatty matter and cells. But this *sui generis* matter turns out to be the epidermic cells, and removed with the coloring matter when scratched off the eyelids. M. Gubler of Liege has put a finishing stroke to the business, by showing that, in one young lady suffering under chromhidrosis, the coloring matter was found spread over the *external* surface of a layer of collodion laid upon the eyelids!—*Brit. Jour.*

Dr. Sloan and our Sick and Wounded Men.—All the military hospitals in this city, including the Ladies' Hospital—the City Hospital—Bellevue Hospital—St. Luke's Hospital—the Jews' Hospital—the two hospitals in Brooklyn, and the hospitals on David's Island, Bedloe's Island, Blackwell's Island, and Governor's Island—containing nearly five thousand sick and wounded soldiers, are under the charge of Dr. Sloan, the Medical Director, whose appointment reflects great credit on the foresight and sagacity of Surgeon-General Hammond. Dr. Sloan has been a surgeon in the army for the last quarter of a century, and his professional skill, and great executive ability, have won for him the confidence of the community and the Government. Dr. Sloan is a gentleman of culture and experience, and he has been at work noiselessly, bringing order out of chaos, and reducing to perfect system the business in his hands.—*Paper.*

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 11th day of August to the 18th day of August, 1862.

Deaths.—Men, 164; women, 117; boys, 205; girls, 199—total, 685. Adults, 281; children, 404; males, 359; females, 316; colored, 4. Infants under two years of age, 341. Children reported of native parents, 23; foreign, 391.

Among the causes of death we notice:—Apoplexy, 11; infantile convulsions, 49; croup, 4; diphtheria, 8; scarlet fever, 5; typhus and typhoid fevers, 19; consumption, 66; small-pox, 4; measles, 6; dropsy of head, 30; infantile marasmus, 42; cholera infantum, 153; cholera morbus, 8; congestion of brain, 24, inflammation of brain, 15; of bowels, 26; of lungs, 6; whooping cough, 6; bronchitis, 6; congestion of brain, 24; of lungs, 6; erysipelas, 1; diarrhœa and dysentery, 34; sun-stroke, 35. 458 deaths occurred from acute disease, and 38 from violent causes. 454 were native, and 231 foreign; of whom 155 came from Ireland; 88 died in the City Charities; of whom 24 were in the Bellevue Hospital, and 11 died in the Emigrant Institution.

Abstract of the Atmospherical Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Aug. 1862	Barometer. Mean height.	Barometer. Daily range.	Temperature. Mean	Temperature. Min.	Temperature. Max.	Difference of dry and wet bulb. Thrm. Mean	Difference of dry and wet bulb. Thrm. Max.	Wind.	Mean amount of cloud.	Humidity Sat'tion, 1000
	In.	In.	°	°	°	°	°			
10th.	29.84	.14	77	72	85	10	16	W.	.04	570
11th.	29.94	.20	77	68	87	9	13	S.	1	600
12th.	29.90	.20	78	67	91	9	11	N W to S W	8	610
13th.	30.10	.20	72	64	80	12½	18	N W to S W	.05	406
14th.	30.00	.21	71	64	78	11½	16	S.W.	.04	420
15th.	29.87	.20	73	63	82	11	14	W.	2	460
16th.	30.07	.21	65	56	75	12	16	N. W.	.04	400

Remarks.—10th, Clear; wind fresh at midday. 11th, Mostly clear; wind fresh most of the day. 12th, Variable; very sultry at noon; thunder shower at 1½ P.M., with a quarter inch of rain. 13th, Clear; fresh wind A.M. 14th, Clear; fresh wind P.M. 15th, Clear, fresh wind P.M. and cloudy. 16th, Fine day, with fresh breezes. The last four days were very dry.

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To the Medical Profession.—Dr. I.

Parigot has changed his residence and is prepared to receive a very limited number of patients in his country house at Hastings, on the Hudson; he can be consulted in town at Dr. Douglas' Office, No. 12 Clinton Place, on Tuesdays and Saturdays, for Nervous Diseases and Medico-Legal questions.

Wm. H. Davol, M.D., late Physician

to L. I. College Hospital, Brooklyn, removed to St. Paul, Minn.

References.—C. L. Mitchell, M.D., T. L. Mason, M.D., Prof. E. N. Chapman, M.D., of Brooklyn; Prof. Austin Flint, M.D., Prof. B. F. Barker, M.D., of New York.

On the Various Contrivances by

which British and Foreign Orchids are fertilized by Insects, and on the good effects of Intercrossing. By Charles Darwin, M.A., F.R.S., etc. 8vo. London, 1862. $2.30.

Bailliere Brothers, 440 Broadway, N. Y.

Gmelin (L.) Hand-Book of Chemistry.

Vol. I. 2d Edition, revised. 8vo. London, 1861. $3.25.

Bailliere Brothers, 440 Broadway, N. Y.

An Inquiry into the Medicinal Value

of the Excreta of Reptiles in Phthisis and some other Diseases, by J. Hastings, M.D. London, 1862. $1.60.

Bailliere Brothers, 440 Broadway, N. Y.

The Pathology and Treatment of

Phlegmasia Dolens, as Deduced from Clinical and Physiological Researches. By F. W. Mackenzie, M.D. 8vo. London, 1862, $1.37.

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GEORGE WOOD JEWETT, M.D., Assistant to the Professor of Midwifery.
WM. BALSER, M.D., Assistant to the Professor of Infantile Pathology.
F. S. SNEADE, Janitor.

A preliminary term will commence on Monday, September 15th, and continue until the Regular term begins. This Course will be GRATIS to those students who intend taking a full winter Course, and will be as follows;—

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" Gunshot Wounds, by	Prof. Raphael.
" Pregnancy, by	Prof. Budd.
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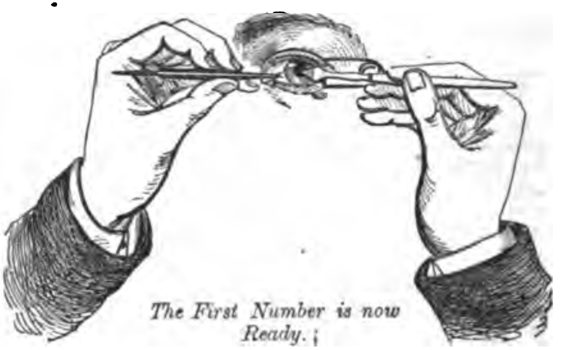
* Prof. Browne having received the appointment of Brigade Surgeon, has resigned the chair of Physiology. The chair is now vacant, but will be filled before the commencement of the Course.

American Journal of Ophthalmology

JULIUS HOMBERGER, M.D., Editor.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Session 1860-61.

By A. JACOBI, M.D.,
PROF. OF INFANTILE PATHOLOGY AND THERAPEUTICS.

Lecture XII.—Part II.

Why Essential, or Dental, Paralysis is considered a Spinal Disease.—Why Dental Paralysis is not always a Spinal Disease.

The reasons why Dr. Heine feels justified in considering infantile paralysis as spinal, are derived from the real or supposed peculiarities of such cases in their last stage. They are, in his own words, the following:

1. The cerebral functions of the patients are entirely intact. No case of his exhibited any disturbance in either mental or sensory actions. Wherever there were any cerebral symptoms in the beginning, they disappeared rapidly.

2. Paralysis followed immediately the symptoms of a general and central disease, as fever, convulsions, congestion. Paralysis from peripheric causes shows frequently the reverse, as there is an interval between the first attack and the last stage, viz. that of paralysis.

In the commencement of essential paralysis, contraction is never observed; the limbs are perfectly paralytic, and paralysis takes place in all the affected parts at the very same time: it has, in the first period, a tendency to gradual decrease, but never to progress. Both arms are not affected at the same time, nor are arm and leg of the same side; but always either both legs, or one arm, or one leg. Affection of the trunk is not unfrequent; it produces paralytic scoliosis: in such cases the motory nerves of the lumbar and sacral plexuses of the corresponding side, together with other spinal nerves, are suffering. Where but a single arm is paralysed (a rare case indeed) the affection has its seat in the brachial plexus of the corresponding side; in most of these cases all the muscles are affected. Cases of transverse paralysis are very rare occurrences. The sensory organs are hardly affected, except in the very commencement, and then, too, but slightly. There is no pain in the secondary period.

3. Frequently it is met with in, and limited to, the two lower extremities. Hemiplegia, paralysis of but one side or extremity, is frequently the last remainder of paraplegia.

4. It is very intense. In many cases the muscles of the trunk are also paralysed; this affection may generally diminish, but the spinal character of the paralysis will be shown by the characteristic scoliotic curvature, and sometimes by the enormous deformity of the whole trunk, which differ considerably from other cases of scoliosis, and exhibit a decidedly paralytic character.

5. In this paralysis, the atrophy of the affected limb is considerable, its temperature decreases fast and very much indeed. These symptoms are not so decided in motory paralysis depending on diseases of the brain; and moreover, Prof. Budge has proved by direct physiological experiments made on the spine of rabbits, which he cut for this purpose, the influence of the spine on the temperature of the body. The decrease of temperature is more pronounced in the periphery than near the centre; it has been observed to be as low as sixty-three and a half degrees. Motory power, nervous influence, and circulation are considerably diminished, and therefore the lower temperature is readily explained. Arteries and veins have been found smaller than normal; to such a degree, even, this diminution of size and lumen may proceed, that Hutin has a case in which a number of smaller bloodvessels had entirely disappeared. The diagnosis from wasting palsy (*atrophie musculaire progressive*, Cruveilhier) is established by the fact, that in wasting palsy the atrophy is the primary suffering of which paralysis is the natural consequence; whereas, in essential paralysis the atrophy is secondary, and brought on by the diminution of both nervous influence and circulation of the blood.

6. In paralysis of an arm, which sometimes would set in with the same symptoms as those described above, the post-mortem examination has proved a material alteration of that portion of the spine from which the brachial plexus takes its origin.

7. There is a total want of galvanic reaction and electrical contractility in the paralysed muscles, in infantile paralysis. The experiments of Duchenne and others yield a negative result in spinal paralysis, while in cerebral paralysis the sensibility is always intact, and sometimes even increased to painfulness. Nor does peripheric paralysis participate in this peculiarity of the spinal form. These differences have often been used for obtaining a correct diagnosis of the local cause of the disease.

8. All the authors agree in the assumption of the spine being affected in most paraplegias, in which standing erect, and walking, is rendered impossible. While now, paraplegia must be supposed to depend on a general and thorough bilateral affection of the spine or its membranes; our cases of essential paralysis give rise to the assumption of a more local, or universal alteration.

9. Essential paralysis is incurable; peripheric paralysis is not so.

10. Finally, the aspect of such patients, and the drawings taken from them, give the impression of a deep-seated disease of the nervous centres, perhaps even the spine.

Such are, in the opinion of our author, the leading pathognomonic qualities of dental, essential, or "spinal infantile" paralysis. I am, however, so far from assuming them to be indisputably correct, that I think it necessary to answer several questions, of which one is this: whether essential paralysis is really a disease of the dental period, and another, whether indeed it is always the result of a disease of the spine.

We have been taught, and experience proves, that the first onset of the disease resulting in essential paralysis, may show great differences both in its symptoms, and in its course. Sometimes the final result is produced unexpectedly fast; sometimes, however, the predisposing cause requires some time to bring on the necessary alterations. For certainly, we require of necessity, permanent local alterations to explain permanent paralysis. The principal symptoms of the first attack which I have mentioned before, belong either to the brain, or the spine, or the nerves, and, from this fact, contrary to the assertions of the author, we should feel obliged to conclude that the subsequent paralysis would be either of a cerebral, or spinal, or peripheric character. For the simplest facts of the pathology of the nervous system show, that like convulsions, paralysis may have its primary seat either in one of the nervous centres, or in the course, or in the periphery of a nerve. If paralysis with the same symptoms as the dental or essential form, participates in the general characters of paralysis, if further the symptoms of the first attack are either cerebral, or spinal, or peripheric, are we justified in assuming the spine to be the only seat and cause of the consecutive paralysis? At all events, the dictatorial words of the author, that "cerebral symptoms may be present in the beginning, but are not connected with the paralysis, and *must not* be brought into any etiological relation to essential paralysis," appear too little based on the generally known facts of physiology. It is not true, indeed, that in cases where paralysis is ushered in with symptoms of cerebral irritation, while these symptoms disappear afterwards and leave the menta faculties intact for the future, the brain is not affected. Those cases of paralysis in which this very paralysis was the prominent, or rather only symptom during life, and the post-mortem examination revealed some of the traces of recent or old apoplexy in the cerebral substance, as for instance, encysted remnants on the dura mater, in both adults and children, ought to be satisfactory proofs to the contrary. At all events, I am a little slow in believing in the actual correctness of the remark of our author, that the premonitory cerebral symptoms are usually slight, but that in very violent attacks life may be endangered, although fatal termination without complications has not been observed *by him.* I have no doubt that this last addition is correct. For institutions like his, receive their patients after the disease has been allowed to remain a shorter or longer period, when the narratives of the relations are the only guides of the specialist; and indeed, such patients as are brought into an institution for the performance of tenotomy, and the application of extending apparatus, etc., do not belong to the number of those who died in the first attack. If the doctor meant to say that, it was a superfluous undertaking.

You have heard that but few post-mortem examinations of old cases of essential paralysis are on record. In some, local alterations inside the vertebral column have been found, in others not. Dr. von Heine takes those in which the results of extravasations or exudations were visible, as spinal. Good. Those in which nothing has been found, however, he also considers as spinal, because either microscopical examinations (which have not been made or have given no result) *might* have afforded a proof, or because there are cases in which paralysis is not explained by any pathological changes. The latter he takes as spinal; thus for instance a case of Longet's in which the examination resulted in finding no spinal disease, but atrophy of the roots of some nerves. Nor is he less bashful in explaining away pathological results. Thus a case of Behrend's in which both brain and spine are described as diseased, is also crowded into the spinal flock of paralyses.

You see after all, that not in every case of dental or essential paralysis a diagnosis can be made, inasmuch as the differential diagnosis of the first insults could not be, or was only made during, or from the former periods of the disease. But always be sure to bring into account not only the spine, but be aware that diseases of all the nervous centres and motory nerves may be the causes of paralysis; on the only condition that they give rise to alterations essentially injuring the action of the nerves. It is true, further, that many diseases are more frequent in a certain age; and that the symptoms, in spite of the same locality and character, may differ according to age and individuality; but this certainly ought not to influence and prejudice us so far as to multiply our classifications and varieties. For prejudice when once allowed to prevail in pathology, will lead to further extravagances. Thus Dr. von Heine means to simply exclude the cases commencing with cerebral symptoms, terminating in paralysis, and finally recovery, from the number of the dental, or spinal infantile paralysis—because of their recovery; while incurability is taken by the author as one of the prominent proofs of the essential "spinal infantile" paralysis. Who ever made his diagnoses from the results of treatment? and who ever, except our celebrated author, would at the same time deny the occurrence of rheumatic paralysis, and declare those favorable cases to be rheumatic? If further, spinal infantile paralysis depending on extravasation or exudation inside the vertebral canal is as incurable as he makes out, why is it that he still recommends the internal administration of absorbents? Have his 150 cases proved the incurability so thoroughly, or have they informed him, as many of my own have me, of the possibility of removing exudations or extravasations from the vertebral canal with the same ease, or rather difficulty, as in other not very accessible localities?

Several other remarks and assertions of the author's are not more justified by facts. Thus it is not true, that the paralysis in the dental, or essential form, is more complete than in other kinds. The condition of the joint of the humerus, with its easy luxation and reposition, and the peculiar flabbiness of the muscles of the arm, are not at all characteristics of this disease. It is even observed in paralytic adults, with this exception, that both muscles and ligaments are more flaccid and stretch more easily in children than in adults. Nor is the absence of primary contraction in essential paralysis based on facts; the author himself does not believe in his own assertion as he mentions the paralytic form of scoliosis as depending on the asymmetrical contraction of the dorsal muscles. The real facts of the case are these, that the kind of paralysis of which I have spoken is seldom complete, but differs in the manner in which single muscles are affected. The equal power of antagonists is suspended; thus contraction is brought on by attempts at locomotion, and exercise in general as mentioned above. But this is not the only cause of contraction. For it is well known, especially in cerebral diseases, that the presence of a certain amount of extravasation, or effusion, gives rise to the symptoms of irritation, while a slight increase in the amount leads to depression and paralysis. We have no reason to believe this to be different in the spine. This early contraction depends on the presence of irritation, on the proportionate mildness or severity of the case, whether cerebral or spinal or peripheric, but not on the seat of the affection.

Nor is the seat of the affection so infallibly announced by the galvanic irritability of the muscles. For there are now a number of cases on record in which its absence in spinal diseases, and its intact condition in cerebral affections, were by no means constant and incontestable. Nor is the decrease of temperature greater in essential paralysis than in other forms; not the seat of the disease, but duration, the age at its first appearance, the atrophy, the nature and number of the affected (motory, sensitive, or vasomotory) nerves, and all the other causes of animal heat must be taken in regard, and may act just as thoroughly in cerebral as in spinal paralysis. And the atrophy itself, which has been said to show itself more rapidly in essential paralysis, depends not on the form or seat of the disease, but again on some of the above-mentioned factors; on the rapidity of changes taking place in the infantile organism, in which infantile paralysis is mostly observed, and on the prevalence of fat at this age, which disappears more rapidly than any other tissue.

Finally, the assertion of Dr. von Heine, that the majority of cases of essential paralysis does not only occur in healthy and robust children, but that their very health and the amount of blood circulating in their organism predisposes them to extravasation and effusion in the vertebral canal, is, to say the least, somewhat unphysiological. The amount of blood contained in the system can be superabundant for a short time only; export and elimination increase in proportion to import and assimilation. If this is true in the adult, it is still more so in the child. On the other hand, it is a common observation that extravasation and effusion will mostly take place in anæmic individuals. It is true that scrofula, rhachitis, and other so-called dyscrasic processes, cannot be made responsible for the occurrence of essential paralysis, but still less, both from theoretical reasons, and the results of my experience, I feel inclined to accuse health, and a robust and vigorous constitution.

◆

Adulteration of Milk.—It is stated that borax is employed to prevent milk from turning sour, and also to impart more consistence, so as to appear more creamlike.—*Chicago Med. Journal.*

Dr. Lautner-Bey has brought twelve young men from Egypt to Munich, to study medicine there under his superintendence.

Original Communications.

REMARKS ON ALBUMINURIA,

MADE BEFORE THE NEW YORK ACADEMY OF MEDICINE.

By A. CLARK, M.D.,

PROF. OF PRACTICE AND PATHOLOGY.

(*Continued from page* 101.)

I HAVE very little to say of the prognosis of this disease. My conviction of its almost utter hopelessness, after the period when it is usually recognised, will be inferred from what has been already stated.

In confirmation of the statement that I have made, and in further contrast of the two forms of the disease that seem to be characteristic in this affection, I will give an incomplete generalization of the cases that I have written up here, stating, however, that they are not complete. In justice to myself I may be allowed to explain how and why they are not complete. The microscopical appearances are recorded in this book with sufficient order and detail, for these I have no disposition to apologize; but the ante-mortem histories were on sheets and filed. These have been mislaid or lost, and I have nothing to replace them in several cases; in some a short synopsis, and in a few the full report has been copied into the book for microscopical records.

In the thirty cases the *size* of the kidney was given in twenty-nine; it would have been given in all, but one of the cases was studied from a fragment sent by the late Dr. Swett. In these twenty-nine the kidney was contracted or small in only four. It was large and often white in sixteen; it was of normal size, hardly larger or smaller than in health, in nine.

The *ages* in the four cases of small kidney are given in three only; these were thirty, forty, and fifty-four years, making an average of forty-one. The age of the sixteen having large kidneys is given in nine cases; the oldest of these was forty-seven, the youngest sixteen; between the ages of twenty and thirty was one; thirty and forty, four; and forty and forty-seven, three. The average age for the large kidney was thirty-five years. It thus appears that the average age for the small kidney is higher than that for the large, a fact which will be more clearly shown hereafter. The ages of the persons whose kidneys were of normal size are recorded in eight cases. The oldest was sixty-nine, the youngest nineteen. Between twenty and thirty, there were three; between thirty and forty, two; at sixty-five, one; at sixty-nine, one. The average age was thirty-six. The average age of all in the three classes was thirty-six years and six months.

Inquiry regarding the *sex* of those suffering from Bright's kidney, shows that males are very much more liable to it than females. Thus, while in my cases the sexes share equally the four small kidneys (the number being much too small to serve as the foundation of a rule)—in twenty-four cases, seven only were females, the males counting seventeen. Of those having large kidneys, eight were males and three females; and of those whose kidneys were of normal size, there were seven males to two females.

Œdema was noted in these cases, sometimes slight, and in several occurring only a few days before death, often confined to the feet and ankles, in sixteen; it is stated not to have existed at all in five; it is not mentioned and probably did not exist in two more; histories lost, seven. Thus, then, in twenty-three of these cases, the histories being sufficiently complete, sixteen had œdema, and seven probably did not, five certainly did not have it. Of those who had large kidney, sixteen in number, œdema occurred in ten; did not occur in two, the kidneys in these two weighing six ounces and seven ounces, or but little enlarged; no histories preserved in four. In those who had the small kidney, four in number, while ascites is reported in three, œdema is not noticed in any, and probably did not occur except in the lungs. Here again the contrast is sufficiently marked between the large and the small kidney. We have just observed, that the age of the small kidney is at an average considerably greater than that of the large, and here we remark that œdema occurs more frequently, and is more extensive with the large than with the small kidney. With the kidneys, normal in size, nine in number, œdema was found in six, did not occur in two; no history in one.

The urine is described as smoky in three out of the twenty-three of which there is a tolerably fair history. In each of these the kidney was above the natural size; in two it is described as congested, in the remaining one it is stated that the vessels were full. The urine in each instance was albuminous.

The urine was examined for albumen in sixteen of these cases. Albumen was found in thirteen, it was not found in three; no examination in four; not mentioned in four; and no history of the cases in six.

Among twenty-three cases in which the urine is spoken of at all, it is reported as having been scanty in eight; as highly colored in four; scalding (albuminous) in one; and passed often (also albuminous) in one. The scanty urine was albuminous in four; not albuminous in two; albumen not mentioned in two. The high-colored urine was albuminous in two; not albuminous in one; albumen not mentioned in one.

The three persons whose urine was not albuminous had kidneys, one weighing eight and a half ounces, one two and three quarter ounces, the other was of normal size weighing four and a half ounces; so that the absence of albumen when carefully sought for divides itself evenly among the three classes, one large kidney, one small, and one of normal size. Albumen was not found in two of the four whose kidneys were small, and no mention is made of it in the other two. As a matter of fact in recalling a much larger number of cases than are here recorded, and by reference to the cases reported by Wilks and Bright, it is apparent that albumen is commonly absent in those having the small kidney, and generally present with the large kidney. It is found to be variable in those whose kidneys are of normal size.

Certain facts in relation to the connexion of this disease with others discovered at post-mortem examinations or during life have not yet been mentioned. The relation of cirrhosis to Bright's disease is not uninteresting. The cases here recorded enable me to say this much and no more: cirrhosis, or fibrous contraction of the liver, with or without irregular surface, occurred in five out of the thirty cases; two of these belonged to the four small kidneys, and in these two, the kidneys weighing three, and two and three quarter ounces, the liver was more markedly hobnail. In one the kidney was of normal size; and in the other two its weight was five and three quarter ounces, and seven ounces. Fatty liver occurred in four persons in this number of thirty, and in each of these the kidney was of normal size, and in all but one contained an unusual amount of oily matter. In other words, all the kidneys except one were fatty in these four persons, showing a correspondence in the two organs in the nature of the changes that take place in them. This correspondence will not be confirmed by a reference to Bright's observations, but the facts are correctly reported, and are, it strikes me, of some importance.

The fatty condition in these four kidneys was thus:—cells not fatty, but intertubular tissue loaded with oil globules, in one; three-fourths of the cells fatty and some intertubular deposit in one; spots of fatty deposit in the kidney and similar spots in the liver, differing only in size, in one; cells a little fatty but much more granular in one. These circumscribed patches of fatty degeneration in the liver, and spots of fatty degeneration in the kidney, both substantially of the same character, are especially noticeable as showing the tendency to correspondence of action in the two organs.

In one case there was waxy degeneration of the liver. The organ was of a brown color, and when a thin section was made from it, and was held by one border, it was so stiff that it would stand out almost without bending, like a similar section of wood. This waxy or scrofulous degeneration of the liver I naturally expected would be attended with waxy or scrofulous kidney. It was not so, however; there was not a waxy cell in the organ anywhere. The two kidneys weighed respectively eight and a half and nine and a half ounces, the epithelium had undergone granular degeneration, but as I have said there were no waxy cells. There is a figure that I made for my own studies of the cells found in this waxy liver. They are of a peculiar character, very unlike the natural cells of the liver, some of which are figured here. Here are the waxy cells; they have a color somewhat leaden, but they are shiny, and glistening. Some of them have a dot in the centre that seems as if it might be a nucleus. They seem to be compound, made up of different cells that coalesce. Here seems to be a group, a central cell surrounded by others, which seem either to have coalesced or to be breaking up by fissures. Here is what seem to be fragments of these cells. This, then, is the waxy matter which has been called cellulose, amyloid, etc., but it does not seem to me to have any marked resemblance to starch. I have seen these bodies, whatever they may be, in the kidneys and mesenteric glands, and in other parts of the body, but not in this particular instance. But here is a representation of what occurred in that woman's kidney. This view represents nearly a healthy condition of one of the tubes, seen as if cut open—for the microscope bisects for itself, its focus being at a certain level it gives a limited, and in this case a half view. Here, then, we get the thickness of the walls, and the nuclei, and see the blending of cells as they lie in apposition and line the basement membrane or outer layer of the tube. Something less than one-half the tubes of the cortical portion of these kidneys were in this condition, that is healthy, or nearly so, but the remainder were more or less granular, some extremely so. The gradations of this change are represented in these figures. Here is the appearance of the small tubes, the tubes of the tubular portion, and in this woman they had undergone nearly the same alterations; some were healthy, but the granular disintegration of the epithelium was the marked feature. The contrast is very striking when these two diagrams are placed side by side—one represents the healthy state, the other that condition in which the cells have undergone complete granular degeneration. Here the granular matter is rolled up in a club-shaped body and nearly fills the whole tube. In another tube the granular matter is collected in a sort of cylinder, and being too long to lie in the tube, is folded up in a zigzag form, as here represented. This was the singular state of the kidney in this woman who had waxy liver.

I have heard the statement as an opinion of some physicians, that tuberculous disease of the lungs and Bright's disease were incompatible. I have already alluded to this point incidentally, but will here add that tuberculous disease of the lungs existed among these thirty cases in six instances: of these, the kidney was large in four, small in one, and normal in one.

I have collected all the causes of death in these cases as far as the records have been preserved, in confirmation of the statements already made, that is in twenty-two cases. Ten were by acute inflammations—pneumonia alone, four; pneumonia of one side and pleurisy on the other, one; pneumonia and bronchitis, one; peritonitis and pleurisy together in one; pericarditis and meningitis together in one; meningitis alone in one; and dysentery in one, making the ten cases. One died of puerperal metritis, having had chronic disease of the kidney at the time of delivery. Two died in uræmic stupor, poisoned by urea as any one would be by opium; two died in convulsions; two from the exhaustion that had been produced by vomiting; one died from the direct effect of alcohol (this of course is not to be classed among the special effects of uræmia); one died of œdema of the lungs. In that case, as in several others that have been observed before and since, it was interesting to notice the amount of œdema—when the lung was laid upon the table, and struck with the finger, it trembled like a jelly, and gave the sensation of fluctuation to the finger when percussed, so great was the amount of water which it contained. That is not the only case that I have seen in which the quantity of water was so great. This was the immediate effect of the disease of the kidney. Of phthisis only one died; and in one instance death occurred suddenly and unexpectedly. This makes the enumeration of the cases that I referred to. Of the deaths by acute inflammations, all but one occurred among those whose kidneys were large or of normal size. In that one the kidney was smaller than natural, but not greatly contracted. Of the two deaths by convulsions, one occurred with the kidneys of normal size, while in the other the organ weighed only two and three-quarter ounces. In this case the person died in the second convulsion, so violent was it. I suppose it is pretty well understood that small kidneys produce convulsions which are very apt to terminate fatally.

With reference to hypertrophy of the heart it occurred but three times in these cases. But it is worthy of special notice that the concurrence of chronic affections of the heart and renal disease is not so frequently met with in hospital as in private practice. I suppose nine-tenths of all such cases I have seen have been in private practice. Hospital cases are apt to be simple. Three, then, had heart disease of the kind usually recognised. Of these, one had hypertrophy and valvular disease, one hypertrophy and old pericarditis, and one hypertrophy simple. In two of these three the kidneys were large, and in one small.

Besides these, there were two instances of Quain's degeneration of the heart, and both were found with fatty liver. It is interesting to notice what was the condition of the kidneys in these two cases. In one there was much intertubular fat, that is to say, oil; the intertubular tissue was loaded with oil. The other was the instance of spots of fatty degeneration of the kidneys and liver already referred to. So here the correspondence of fatty degeneration of the heart, liver, and kidney, is parallel in every point.

There are two or three topics that still remain to be considered, which I shall be compelled to defer till another evening.

The Academy then, on motion, adjourned.

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BATTLE OF FAIR OAKS.

By FRANK H. HAMILTON, M.D.

MEDICAL DIRECTOR OF THE 4TH CORPS, ARMY OF THE POTOMAC.

The night of the 30th of May was remarkable for one of the most violent and long continued thunder storms I have ever witnessed; commencing before sunset, it continued unabated until after midnight. During which time the rain fell in torrents, and the flashes of lightning, followed by near and heavy bursts of thunder, were almost incessant. In vain we strove to turn the drifting streams from our tents; and long before morning officers and men had resigned themselves, cold, wet, and helpless, to the storm. At length the day broke upon a camp inundated in water. The few hill-sides were washed clean—the marshes, which abound in this region, were flooded—the rivulets greatly increased in size—the roads rendered nearly impassable, and, a circumstance from which we had most to apprehend, the Chickahominy, in our rear, had become swollen beyond its banks. From a sluggish stream trailing through canebrakes and sedgy swamps, it had been suddenly converted into a broad and swift torrent, endangering our recently constructed bridges, and exposing us to the imminent hazard of being cut off from the whole centre and right wing of our army, no portion of which had yet crossed the river.

The sun shone clear and bright over the swamps and forests in which the corps of Keyes and Heintzelman were bivouacked—and the troops, accustomed to hardships, came cheerfully to bail out their rifle-pits and trenches; but those in responsible commands, who readily comprehended the nature of their new perils, looked thoughtful and anxious.

We were standing in front of our tents when a file of soldiers reported to the General a prisoner, just captured within our lines on the right. The prisoner was J. B. Washington, aide-de-camp to General Johnson. While General Keyes was conversing with him, two shells passed over us, proceeding apparently from the enemy's lines on the left. Young Washington looked around and towards his own lines in a manner indicating restlessness, and perhaps expectation of immediate succor. The guard was instructed to conduct him to General McClellan, and soon after General Keyes, having sent by an orderly a written communication to Headquarters, mounted his horse, and accompanied by his staff rode to the front. This was about 11 o'clock A.M.

We first visited the right of the line near Fair Oaks station, and while the General was disposing the troops I rode to the encampment of the 61st Pa. Vols., to inquire of Dr. Tindle, its very intelligent surgeon, whether a house situated still further to the right and occupied by our pickets, could be used as a hospital.

While conversing with him, a pretty heavy musketry firing was heard on the left, not far distant, and a single cannon shot passed over us

Spurring our horses along the "Nine Mile Road" in the direction of the firing, at the crossing called Seven Pines we came in sight of the enemy, now occupying the margin of a wood a few hundred yards in front of us. Our troops were replying vigorously and holding their position steadily. At this point I drew up my horse, while the General went forward. My mounted orderly had disappeared, and I never saw him again.

Riding to our encampment, about twenty rods to the right, to order forward the ambulances, I found ambulances and drivers with my servant, gone.

I had already determined to send my sick and wounded to Savage's Station, about one mile to the rear, and resuming my position at the Cross Roads, or Seven Pines, I awaited the return of the ambulances, for which a messenger was immediately dispatched.

The firing now extended across the whole front, and stragglers from broken regiments began to file past me. I am happy, however, to add my testimony to the testimony of others, that the number was small, and most of those who came from the front had the look peculiar to soldiers who have just been engaged in a severe contest. They seemed exhausted, walking slowly back, trailing their guns or without guns. Their clothes were soiled and torn, and their faces blackened with powder, especially about the mouth. Many were wounded, some severely, others slightly. To these were added at first, not a few who were sick, and had occupied hospital tents and two or three small houses near the front. The only aid I could render them at this moment, was to direct them down the road to Savage's Station.

One hour and a half, or until about 2 P.M., I remained in the same spot, having meanwhile sent three messengers for the ambulances, but not one of the messengers had returned; the number of the wounded was momentarily increasing, and groups of soldiers bearing their severely wounded comrades upon litters were constantly passing. As yet the enemy had made no advance beyond the point of their first attack. Occasionally a bullet aimed too high whistled over my head, and one struck the ground and threw the mud against my horse with such force as to lead me to suppose for the moment that he was hit.

Provoked at the delay in forwarding the ambulances, I rode back to Savage's Station, near which they were found under the grateful shelter of a hill, and entirely concealed from the sight and shot of the enemy.

With as much speed as they had sought the shelter of the hills I pushed them back to the first line of rifle pits, beyond which our steady but now decimated troops were still holding their ground. One two-wheeled ambulance was found in the road, the horse lying dead killed by a shell. Inside was stretched a soldier badly wounded in the thigh. He was transferred to one of our ambulances, and the driver directed to draw up on the side of the road and wait until his conveyance was full. As may be supposed, such orders are not always obeyed by ambulance drivers on the field of battle. In some instances, unless closely watched, the drivers start for the rear the moment one wounded man is taken on board. To this, however, it is but justice to say, there are many exceptions; and instances of bravery and faithfulness on the part of this class of men and boys, have been frequently observed which would entitle them to honorable mention in military reports.

After having disposed of the ambulances and left instructions with the Provost Guard at several points of the road where to direct the wounded, I returned to Savage's Station.

Savage's Station is a point on the Richmond and York river railroad, about seven miles from Richmond, within a few yards of which Mr. Savage has a fine dwelling house, surrounded by a beautiful sloping green sward, shaded with large oaks, and inclosed by a paling. There are in addition, adjoining the family residence, negro quarters, barns, and sheds, twelve or fourteen in number; all together being sufficient to accommodate 500 men. Within a short distance is an ample supply of water. These premises were at the moment occupied by General Heintzelman as his Headquarters, who with his staff was encamped in tents on the green immediately adjoining the house. Probably 500 wounded men were already collected in the grounds.

After consultation with Dr. Milhau, Medical Director of General Heintzelman's Corps, we began the difficult work of organizing a hospital. Surgeons were directed to report for duty—stragglers were impressed as nurses, cooks, and attendants—boxes containing culinary apparatus, bandages, medical stores, etc., found at the depot, were unceremoniously broken open—commissary stores were confiscated —two large iron kettles were found, and men assigned to duty in keeping one of them supplied with hot coffee, and the other with boiled rice.

Three principal depots were established for cases demanding operations, one in a barn, one in a hospital tent, the only one we had, and one under the shade of a tree in the rear of the house. To each of these depots from one to three surgeons were assigned with assistants. Other surgeons were detailed to the separate and detached buildings, and still others to the care of the wounded lying upon the ground.

It took some time to get the entire machinery in order, but after a few hours, what with supplies of instruments, bandages, portable soup, etc., sent to us from the White House by Dr. Tripler, and lemons, with sundry other articles, sent to us by the Sanitary Commission, a fair degree of system was attained, and the wounded began to receive tolerable attention.

When it is considered, however, that so terrible a conflict had not been anticipated, and no hospital preparations had been made at any point nearer than the White House, it cannot be supposed that, to some extent, all the wounded did not experience inconvenience, and that others did not actually suffer from delay or neglect. During the first day and night probably one thousand men demanded succor; not more than one half of whom could be accommodated with shelter. The grounds were literally covered with these poor fellows, and when night came it brought, as is very common here after a sultry day, a drenching thunder storm.

We did not sleep that night—I did not, and if any medical officer sought rest, it must have been because exhausted nature compelled a suspension of labor; for the occasional cries of acute suffering from every side, and the silent, patient, uncomplaining endurance of pale and delicate looking boys, of men deprived of limbs, of soldiers of all ranks, privates and officers, upon whose faces death had fixed his mark—these were reasons why we could not think of rest. Very few had blankets; and, lying with their faces to the clouds, they watched for the day. With scarcely an exception these brave men met the storm of rain and wind during that night as they had met the bullets of the enemy during the preceding day, without flinching.

Capital surgical operations, necessarily suspended at night, were resumed in the morning; and not long after daybreak the heavy roll of musketry in front notified the surgeons that new work was preparing for them.

During the night one load of wounded men had been sent down to the White House, but although the current of wounded coming in from the field had slackened, yet it never entirely ceased, and before morning our number was greater than on the preceding night.

About seven A.M. the avenues in every direction leading to the Station, were filled with wounded men coming in slowly on foot, on stretchers, or in ambulances.

Fortunately we had received before night on the day previous, valuable accessions to our Medical Corps in a number of volunteer and contract surgeons sent up to us from the White House. Our own surgeons had been laboring all the day and night upon the field, and were to-day more needed with their regiments than yesterday.

The gentlemen sent to me were distributed as follows. *Volunteers:* Drs. W. H. Page and A. B. Hall to the hospital tent; H. O. Hitchcock to negro hut No. 1; John Swinburn and John V. Lansing to the barn No. 1; Dr. Burr to the wounded in the yard. *Contract Surgeons:* Dr. F. C. Green to remain at the cars and embark the wounded; Drs. A. Millet and L. D. Seymour to barn No. 2; Drs. J. A. Jacobs and P. Middleton to barns Nos. 3 and 4; Dr. Jas. M. Good to barn No. 5; Dr. Joseph Underwood to hut No. 2; Dr. Alexander Monroe to the dwelling-house of Mr. Savage; Dr. Charles Lodge to Antioch Church, about one mile below; Dr. T. I. Kerby to a house a little further down; Dr. J. L. Sutton to a house near Bottom's bridge; Dr. Elisha G. Esten to another house, containing 100 men.

The wounded had, without instructions, gathered in several buildings along the line of the road; and to these places, as soon as they were reported to us, we sent the gentlemen last named.

It became necessary also to detail one or two medical men to stand at the entrances to the grounds, with attendants, in order to unload the ambulances, get them out of the way, and to distribute the wounded.

All day the wounded came in, and all day the trains bore them off. A second night found us with the numbers not diminished, and to the Medical Officers and faithful attendants the work no nearer its completion. Again about midnight a severe thunder storm passed over us, this time accompanied by a driving wind which tore away, in some cases, the poor shelter we had constructed for the men; but—it is strange—there was no complaining, while they had been lying on the open field, two nights and one day, many had been carried off by the cars, many had died, but others still waited patiently for their turn. When the order came for the litter bearers to carry them to the cars, they picked up their canteens of water, with the fragments of hard bread which were lying beside them, and turning towards us their bloodless faces, thanked us and said, "Good by, Doctor." I do not remember their names, but I wish I knew the fate of that young lieutenant whose arm was carried away by a cannon shot, and who sat, or leaned, against the foot of one of the trees all this time, and upon whose face I never saw a sign of impatience; and of the boyish-looking private who, wounded in the thigh and arm at the same time, lay upon the grass under a burning sun by day, and under dews and rains by night, washing his own wounds with his left hand, and carefully dividing his single piece of oil cloth with his rough looking comrade beside him.

June 2d, the day after the second battle, the number of wounded brought in was scarcely less than on the previous days. There were those who had been left on the field, and had gradually made their way in, or who had been found in the marshes and woods occupied on Sunday by the enemy. Details of men had been sent out under charge of surgeons, with litters and ambulances, to search in every direction to the extreme outposts of our picket lines. In this duty I took part myself. The dead were lying thick over the whole extent of the disputed grounds, with here and there a wounded man unable to extricate himself from the marshes, abattis, or woods where he had fallen. At one place, in a tent, we found eight of the Confederates, with their wounds undressed, and some of them in a shocking condition.

Notwithstanding the heavy details that were made from day to day for this purpose, it was several days before all the dead were buried. The enemy, although occupying a large portion of the ground after the battle of the first day, had left multitudes of their own dead as well as of ours, unburied. Within a radius of twenty feet of where the gallant Major Van Voltenburg of Bailly's battery lay dead, were fifteen dead Confederates.

The dead horses, around this battery numbering fifty or more, were finally disposed of by consuming them under piles of brushwood.

It is painful to state that so late as the third or fourth day wounded men were rescued from the marshes, who had lain all this time without succor.

We continued to search from day to day during several weeks. On the 16th of June, Dr. Haven, Brigade Surgeon on General Peck's staff, reported to me that he had that day discovered on a piece of ground, recently occupied by our advancing pickets, several unburied dead bodies. On the morning of the 17th, Dr. Haven and myself, with a detail of five men went to the spot, and found the bodies of eleven men, all Confederates, lying in a marsh on the extreme left of our lines, near the point where General Peck first met the enemy so vigorously on the 31st of May. We buried them all, but the remains of only one man were identified: this was Lieutenant A. P. Stovall, of Congers, Ga. His initials were carefully carved by us upon a large pine tree at the head of his grave, and the bearings of the tree carefully noted, in order that his friends might hereafter recover his remains, if they desired to do so.

It is impossible to say precisely how many wounded men passed through our hands at Savage's Station during the first three days after the battle, but it is certain that there were not less than 3,000. The entire absence of anything like a permanent provision for the wounded at this point rendered it imperative that they should be sent as speedily as possible to the rear. At first, and until several car loads had been sent off, we registered the names, company, and regiment of each man, with the character of his wound, and the surgical operation made, but soon the pressure became so greatly disproportioned to the abilities of the Surgical Corps that the enumeration had to be suspended.

Many amputations were made, and nearly all of them, I believe, while the patients were under the influence of either chloroform or ether: chloroform being employed in a majority of cases. Surgeons on the field made a few "immediate" amputations, some of which I saw on the following day doing well, but most of the amputations were "primary" as distinguished from "immediate," that is at periods ranging from six to forty-eight hours after the receipt of the injury, when, to a degree more or less, the system had rallied from the original shock. It is true, however, that only in a small proportion of the cases, even after the lapse of twenty-four or even forty-eight hours, had the system fully recovered from the shock. The long exposure of many of the men upon the field, the chilling rains at night, and the want of stimulants or nourishment, may explain the general absence of reaction. Some sank soon after the operations were made, but most of the amputations looked encouraging when the subjects of them left the station. As to the final results, we have at present little or no positive information.

It is no part of my intention in this communication to record surgical cases, but only, by a careful circumstantial account of the events which followed the battle of Fair Oaks, and which came under my immediate observation, to convey to the young medical officer some idea of the duties which are likely to devolve upon him under similar circumstances. These events, in precisely the same order, with only slight variations in the details, have been repeated many times during this war under my own eyes. Other surgeons have had a similar experience in a multitude of instances. The number of surgeons in the army is small; there is no thoroughly organized ambulance corps; not more than one fifth of the number of ambulances allowed by regulation is furnished, and not one half the proper number of litters; very few regiments have a transport cart for their hospital stores. Quartermasters are generally occupied in other duties than attending to the wants of the sick or wounded. Commissaries have to provide for the wants of their own regiments or brigades, and cannot supply rations to those, whether wounded or not, who, having fallen to the rear, are compelled to lie down and be fed, or perish within the limits of another command.

The surgeon on the field of battle and on the march, must improvise means to supply all these wants, and to remedy all these defects. He must render himself in some sense, ubiquitous. He must be not only the surgical operator and medical adviser, but he must become Quartermaster, Commissary, Nurse, Cook, Litter-bearer, and finally, Undertaker. The surgeon must do all these things, not because such duties are required of him by the regulations, or are imposed upon him by the commanding officers, but simply because if he did not do them they must, in very many cases, be left undone.

Head-quarters of General Keyes's Corps, July 27, 1862.

THE PRESENT
STATUS OF PSYCHOLOGICAL MEDICINE.

By I. PARIGOT, M.D.,

LATE COMMISSIONER IN LUNACY AND SUPERINTENDENT OF GHEEL, BELGIUM. PROPRIETOR OF A PRIVATE INSTITUTION AT HASTINGS ON THE HUDSON, NEW YORK.

VI.—Public and Private Asylums.

Whatever be the cause, it is a great blessing to find at least one country, North America, where so few prejudices exist against insanity, and where rather a real Christian feeling of charity is practised towards its unfortunate victims; the consequences of such a state of public opinion change completely the moral position of those patients who, having recovered, re-enter society. They are less subject to suspicion or sharp remarks, and, at the same time, the devotion of those medical men who dedicate their life to the direst grievance of our nature stands in its full light of usefulness. These facts must be well known in Europe, since we may read in the *American Journal of Insanity* (April, 1862), that the chief editor of the *Algemeine Zeitscrift für Psychiatrie*, Dr. Lœhr, considers that the North American chemist enjoys many advantages over his scientific brethren of other countries. Dr. Lœhr said in a public speech, that the Americans show a great deal of interest for the asylums; public money insures the greatest care and comfort to its inmates; editors of books and newspapers present gratuitously copies to their libraries, and at last, the physicians who occupy themselves with insanity are supported before public opinion by the generality of the best literary men of the country. The opinions of Dr. Lœhr may perhaps appear somewhat a criticism of what is going on in Europe, where lately the Lord Chancellor of England used invectives against the profession held in high estimation on this side of the ocean. Indeed there exists here a great feeling of justice and true compassion for mental infirmities; a man may lose his fortune, few persons except intimate friends will take interest in him; none will perhaps help him directly, because everybody is aware that with courage, activity, and honesty, the country affords a living to all; that unfortunate man may there perhaps recuperate what he had lost; but if he loses his reason there is a general sympathy for him, he is himself helpless to his own misery, and he must be taken care of! Another general feeling appears prevalent among all classes, that such disease as insanity *equalizes* all ranks among sufferers; we learned from authentic sources that the richest families do not hesitate sometimes to send their invalid friends or relatives in state asylums, which are nevertheless principally affected to the relief of the poorer classes; abstractly considered this manner of doing may appear just, nevertheless, practically, a question remains to answer, viz.: Is it good policy, and is the abolition of social ranks between educated and non-educated, between poor and rich insane persons, a favorable circumstance for the cure and benefit of all classes? We know by personal experience that in America, and this is to be remarked perhaps more in the Brazilian Empire than anywhere else, the middling class composed chiefly of artisans or trades is much more educated than it is generally the case; hence common life in an asylum might perhaps be more supportable in America than in Europe. *Pauperism* is a personal degradation, as Dr. Jarvis, of Massachusetts, denominated it to be, and has only been imported by emigration in America; labor and the far-west solitudes are the remedies against any bad chance! Returning to our object, we were told that in public asylums of North America, when a recent case was to be admitted, room was sometimes made by a rich patient who had to leave the asylum immediately in order to give his place to a poor man; certainly this is but strictly just, for it is not the place of a rich man to occupy at any time the asylum belonging to the poor. Considering, however, that exclusion in another point of view, it may be exceedingly fatal in many cases; its individuals have certain absolute rights which must never be overlooked; supposing a treatment has been commenced under physicians of reputation, in whom the friends and families have put all their hope, why should that rich man be deprived of a right to which he was entitled by his admission? Let people be rich or poor, ideas, feelings, and their consequences take their origin in the very circumstances in which individuals are born or accustomed to; now where a man is surprised by disease, is it just to deprive him of the cares, attentions, or even the respect he supposed due to him? Again, in the normal state of his intelligence, we can certainly trace the cause of desolation of a *once* rich man to the necessity of his recourse to public beneficence, therefore the same often may take place in an asylum where all ranks are mixed. In a general point of view we do not see the advantage of levelling society to one form of thought, opinion, or rule of action; at least, it would deprive us, physicians, of employing moral levers or motives of action peculiar to each class. In insanity each case bears a certain peculiar stamp; its cause, origin, and peculiar circumstances impress a different character to each patient, in consequence of which moral and medical treatment must answer each necessity; thus a patient should live, as much as possible, in a style similar to that which he enjoyed before, surrounded by the same class of persons which he has been accustomed to associate with; he must even be satisfied in all his *acquired* wants of station in life. I think it an impossibility to level society between insane persons living together, unless by violating in some respect their freedom and individuality. Private institutions correspond to necessities of our social life; in America few of these exist only at this moment, and it is very remarkable that they are not an object of speculation; among money-men, again, there exists an immense difference with the great mass of European private asylums, which generally are mere business jobs. The origin of that evil is that in the beginning of this century state asylums were erected principally with the view of reforming the jails and dens in which previously the insane were incarcerated. It was not intended to establish hospitals for the special cure of that disease; in view of the great number of sufferers an economical principle was sought after to accommodate the greatest number at the lowest cost; now, under the constant appeal of their medical officers asylums transform themselves in hospitals. But the large private institutions of Europe remain of course behind the general progress because they have only *profit for an object;* a great many of these institutions are even without physicians to attend the inmates, or they present cards having only nominally physicians who occasionally visit the establishment! We must notice, and do it with great pleasure, that private asylums kept by American medical men are of the highest character and held with much estimation by the public; the greatest number of their proprietors are gentlemen who during many years were heads or superintendents of public asylums, and gained the public confidence, and other American doctors who gave such public proofs of their learning that their name is celebrated in the annals of science. Besides, private institutions being able to receive only a few patients, it was found lately *by statistics*, that the cure of insanity was much more frequent in private than in public asylums, and that in consequence such terrible disease has less victims in the upper classes! Why not so for the whole community? Because, as we have already stated, the staff of medical officers of public institutions is much below what would be a fair relation to the number of patients to attend. Indeed, there is but one thing to wonder at, that so many valuable works and journals on insanity could have been published by these medical officers of asylums, in which, as one of them declared in a public sitting of the Academy of Medicine of New York, that the whole admistrative burden is heaped on the shoulders of the superintendents, independent of the scientifical direction.

Reports of Hospitals.

NEW YORK HOSPITAL.

PENETRATING WOUND OF ABDOMEN, WOUND OF LIVER, ETC.—CARIES OF ANKLE.—AMPUTATION OF LEG.—COMPOUND FRACTURE FEMUR (GUNSHOT).

[Reported by JOHN T. KENNEDY, M.D., Acting House Surgeon.]

(*Continued from page* 106.)

THE following surgical cases, though not of rare occurrence, present some points of interest, which it may be fitting briefly to allude to. First, on reference to Case I. An extensive wound is inflicted in the liver, and yet for the whole period of illness there are no symptoms manifested which would point directly to that organ as the seat of the injury, except perhaps the uncontrollable and regurgitant vomiting. There was no sign of jaundice present, and very little prostration. The life of the patient was also prolonged to a considerable length, which effect was due no doubt to the stimulating and soothing effect of the opiates. No one can too highly estimate the value of such remedies in similar cases, not only as regards the effect upon the duration of life itself, but with reference to its rendering tolerable the last and otherwise agonizing hours of life.

The second case illustrates the manner in which irreparable disease of the ankle and bones of the foot is often produced. A low grade of inflammation is set up in consequence of slight but repeated injuries, until finally the bones of the ankle become involved in the disease, and amputation, as in this instance, is the only resource. The same sort of difficulty is too often the result of wearing tight boots, especially where too much pressure is made over the instep.

In the third case of death from secondary hæmorrhage, a practical lesson can be drawn with reference to the use of persulphate of iron as a local application. In hæmorrhages attended with mere oozing, or even where small vessels are the seat of the bleeding, it is excellent and perfectly reliable, but as an adjuvant to other means where large arteries are concerned, the question naturally arises whether it had not better be dispensed with. Its application is always attended with a blackening and infiltration of the tissues, and in case an operation for ligature should be required, the vessel could be found only with the greatest difficulty. Buck's apparatus, which is incidentally alluded to, is universally employed throughout the institution for fractures of the thigh. The principle involved is elastic extension by means of weights and pulleys, with small coaptation splints.

Case 4 has but one point for reference, and that is the situation of the wound, it being, as usual, too high to wound the large vessels of the neck.

Lastly, the fifth case is an illustration of the manner in which serious operations may sometimes be avoided, and yet the patient recover.

CASE I.—*Penetrating Wound of Abdomen.*—John Paul, æt. forty, a native of Maryland, seaman, was admitted May 31st, 1862, in the service of Dr. Halsted, with a wound of the abdomen, inflicted by a sheath knife in the hands of an assailant. On examination after admission, and about two hours after the injury was inflicted, there were found two wounds, each about one and a half inches long, meeting at a right angle, and situated in the right hypochondriac region about four inches from the median line and three inches below the margin of the ribs. Immediately after the injury a surgeon was called, who found the abdominal contents protruding. These he reduced, and closed the opening by means of a suture through each of its branches. This served the purpose only temporarily, for, on entering the hospital, a portion of omentum, about as large as a good-sized almond, was found to have escaped from its natural cavity. The hæmorrhage which had previously existed had then ceased, and he was not suffering any from shock. The patient was placed on his back, the protruding omentum reduced, additional sutures applied, and over the whole a compress properly secured by a bandage. Immediately after sol. sulph. morphine was administered in a fifteen drop dose, and in the course of an hour afterwards one grain of opium, in the form of a pill every hour. Between the hour of admission and midnight the abdomen was gradually growing tympanitic, the pulse at the same time growing more frequent. Regurgitant vomiting soon came on, and continued during the remainder of the night. During the following day tinct. opium was given by the grain dose every two hours, and during all the time the respiration averaged twenty-eight per minute, and the pulse ninety-eight. During the night he would have slept soundly were it not for the vomiting, which by the way was only temporarily controlled by an enema of ʒi of tr. opii. On the second day, June 2d, the stomach became quite irritable, and bits of ice were ordered to be swallowed occasionally. There was moderate tympanites, but not much abdominal pain. Opium was continued at intervals of about three or four hours, and during the day the respiration averaged twenty-three per minute, and pulse one hundred and twenty-five. Vomiting was very troublesome during the night, and could not be controlled. On the morning of June 3d he began to sink, and about 2 P.M. died in collapse.

Post-mortem, twenty hours after.—Body well developed; rigor mortis well marked. On reflecting the abdominal parietes the wound was found to have the extent, character, and situation above described. It was also found that the weapon had transfixed the great right lobe of the liver near its anterior border; that it had also transfixed the gall-bladder, wounded the cystic duct, and penetrated into the substance of the lobulus Spigelii. A large clot surrounded the wound of the liver, and partially coagulated blood, mixed with a small quantity of lymph, occupied the sulci between the intestines. The small intestines were greatly distended and their peritoneal covering injected, the parietal peritoneum presenting a normal appearance. The upper portion of abdominal cavity, with the contained viscera, was stained with bile. The brain, lungs, heart, kidneys, spleen, and other abdominal organs, were examined and found healthy.

Case II.—*Necrosis of Leg, and Caries of Foot; Amputation.*—Charles Battastini, æt. 26, N. Y., caulker, admitted May 7th, 1862 (Dr. Halsted). Patient is of a healthy family, and, with the exception of an attack of variola, has himself always enjoyed good health until between three and four years since, when he sprained his right foot while running with a fire-engine. This was followed in about a week by a swelling about as large as a walnut, hard and painless, situated over the external malleolus. This state of things continued, without causing him any inconvenience, for about two years, when, running to another fire, he was suddenly seized with pain in the ankle, which soon passed off. About a month after this the ankle on both its outer and inner sides commenced to swell, and has continued gradually to enlarge ever since; but at no time has it confined him within doors, or occasioned much pain. About six months since the outer swelling was opened in two places, giving exit to nothing but blood. Pus soon began to discharge, and continued to do so up to the time of admission. At about the same time also the foot began to be drawn downwards, and now presents somewhat the appearance of talipes equinus. The joint at the same time became stiff. He has been confined to the house since the swelling was opened. Several small spicula of bone have come away at different times. On examination there appear two fistulous openings over the outer malleolus, with protruding fungous granulations. Through these the probe detects dead bone. The ankle measures thirteen inches in circumference, whereas the healthy one is only eleven. Eczema of the affected leg is also noticed, which has existed for eight or nine months. The ankle is dusky in hue, rather hot, but neither painful nor tender. Patient has had syphilis, and is now thought to be laboring under the syphilitic cachexia.

Treatment.—Decubitus. Eczema treated with applications of oiled-silk. Patient advised to have the foot removed.

May 14th.—A small ulcer has appeared over the fibula about at the junction of its upper and middle thirds, through which the probe detects dead bone.

May 19th.—A consultation having been called and amputation decided on, patient was etherized and taken to the theatre, where the leg was amputated about at the junction of its upper and middle thirds. The circular method of amputation was adopted. After removal the diseased parts on dissection presented the following appearances: the bones of the tarsus were distorted and more or less consolidated, the articular ends of the tibia and fibula much expanded, and the articular surface of the tibia extensively diseased.

Patient subsequently made a good recovery.

Case III.—*Compound Fracture of the Femur from Gunshot Injury; Secondary Hæmorrhage; Death.*—Chester Adams, æt. 31, New York, Co. D, 3d Michigan Volunteers, admitted June 15th, 1862 (Dr. Parker, attending surgeon). Patient was wounded by a musket-ball at the battle of Seven Pines. The ball entered the left thigh at about the middle of its outer aspect, and was removed just externally to the femoral vessels and immediately beneath Poupart's ligament. In its course it fractured the femur at about the junction of its upper and middle thirds. Previous to admission the limb was treated by extension with Desault's splint. The apertures of entrance and exit are large and pouting, and discharged freely healthy pus. He was a vigorous man, and his general condition was good.

Treatment.—Extension by means of Dr. Buck's apparatus, with a brick as the weight. Poultice applied to lower opening; dry lint to the upper one. June 16th. Poultice discontinued. June 18th. This morning hæmorrhage took place from the lower opening, nearly a quart in amount, which was restrained by pressure on the femoral artery and the application of lint soaked in liq. ferri persulph. The hæmorrhage caused a state of extreme prostration: pulse scarcely perceptible at the wrist; surface cold and clammy; respiration hurried. P.M. Patient has had a chill, followed by cold perspiration. Pulse 152, very weak. Hæmorrhage has not recurred, but the stomach is very irritable. Ord. tinct. chloroformi gtt. xv. in whiskey and water; also ℞ spir. vini Gallici ℥ iij., beef-tea ℥ ij., tinct. opii gtt. xv.; ft. enema. Patient is allowed to take champagne or soda-water; also ordered sinapism to epigastrium. Extension discontinued. 11 P.M. Patient is evidently sinking: pulse very rapid and scarcely perceptible at the wrist: skin cold and clammy. June 19th. Patient continued to sink, and about 11 A.M. he quietly died.

Post-mortem, twenty-six hours after.—Rigor mortis well marked. Tract of wound was opened by passing a director from the lower opening to the upper one, and dividing from below upwards. Femoral artery and vein were dissected together with the profunda. The point of hæmorrhage was not discovered thus far, and the previous application of ferr. persulph. had so blackened those parts as to render further dissection impracticable. The femur was found greatly comminuted for at least two and a half inches from its head. The wound was connected with the abdominal cavity by a rupture through the internal abdominal ring. Some peritonitis about the opening. Liver and kidneys were very anæmic. Other organs normal.

Reports of Societies.

MEDICAL AND SURGICAL SOCIETY.

DR. T. M. HALSTED IN THE CHAIR.

MEDICAL AND SURGICAL CASES.

Stated Meeting, Nov. 2, 1861.

(Continued from page 92.)

HEPATIC TROUBLE AND CONVULSIONS.

Dr. McCready alluded to the case of a gentleman from the West Indies, who some years since had abscess of the liver, which discharged several times through the intestine. Since that time has had considerable pain over the hepatic region, and occasional spasms affecting the right side. During these convulsions the patient suffers acutely, but does not lose consciousness. There is some tenderness over the fourth dorsal vertebra, which extends to either side. Dr. McCready suggested that these spasms were hysterical in their character, he having observed the same kind of convulsive movements several times in men who were suffering from excessive prostration.

Dr. Post had recently removed a lipomatous tumor from the forehead, which had existed for twenty-five years, and had caused a considerable depression in the frontal bone.

Dr. Parker related a case of pharyngeal tumor, occurring in a patient at Bellevue. A man, æt. 54, of spare habit, of good constitution, a rigger by occupation, began to suffer about two months ago from hoarseness, slight dyspnœa, and dysphagia. Just before entering the hospital a fortnight since, the dyspnœa became severe, and one evening the difficulty of breathing was so great that the house surgeon was obliged to open the trachea. There was so much thickening and induration of the crico-thyroid membrane, that a trocar was used in effecting the opening for the tube. This thickening was supposed to be the result of laryngitis. When time had been given for the subsidence of the inflammation, the tube was removed, but in the course of two hours the dyspnœa became so urgent that it was reinserted. In the meantime the patient's general condition grew worse, and the tracheal aperture gradually diminished in size, so as to force the tube outwards. The dysphagia also increased. No evidence of tumor or aneurism was discovered by physical examination.

The patient died from exhaustion, and the autopsy revealed a solid tumor occupying the posterior and left lateral half of the pharynx. The tumor had pressed forward towards the trachea opposite the cricoid cartilage, and had made an opening by absorption into the trachea, where it presented a fungous surface. Dr. Flint, Jr., saw the case before it passed into Dr. Parker's charge. The voice at that time was not husky, and there was no difficulty in deglutition, but there was some dyspnœa, and the difficulty in inspiration and expiration was equally great.

Stated Meeting, Nov. 15, 1861.

HÆMORRHAGE FROM WOUND OF PENIS, ETC.

Dr. Sands related a case of hæmorrhage from wound of penis. The patient wounded the penis by sitting on the broken fragment of a pickle jar that had been carelessly thrown into the bath tub in which he was bathing. The hæmorrhage at the time was profuse, but was checked by styptics and pressure. A few days afterwards secondary hæmorrhage occurred, which was again checked by astringents. During a third recurrence, about ten days after the accident, Dr. Sands was called, and after failing to check the bleeding by ordinary means, resorted to ligature. Considerable difficulty was experienced in finding the bleeding vessel. There was a wound of the foreskin on its under surface, through which the blood welled up, but the bleeding vessel could not be found at this point nor in its neighborhood, but on slitting up the skin of the penis near to the scrotum, a wound of the corpus cavernosum was found, from which the hæmorrhage proceeded. A vessel of considerable size was tied, which effectually controlled the bleeding.

Dr. Parker alluded to a case that came under his observation some years since, where the penis was injured, while in the erect state, by twisting. After the injury, only one half of the corpus cavernosum was capable of erection, the other half remaining flaccid. There was some tenderness of the affected side, and some thickening of the theca. Rest, a rigid diet, the use of mercurials for a time, and afterwards of the iodide of potassa, with local blistering, improved the patient's condition wonderfully.

DIABETES TREATED WITH CAMPLIN'S CAKE.

Dr. Bulkley alluded to a case of sacch. diabetes where the amount of urine passed was reduced from 350 oz. daily to 60 oz., under the use of Camplin's bran cake. In another case the amount was reduced from 256 oz. to 70 oz. by the same treatment. The general condition of both patients improved, and the thirst was entirely appeased.

Dr. Metcalfe alluded to two cases where diabetes had existed in one patient for eleven and in another for sixteen years. The dietetic treatment was abandoned, and the patients improved. Dr. Buck knew of one case where the disease existed for ten years. Dr. McCready had a case under observation for seven or eight years. The patient was a very fleshy woman. She passed a large quantity of urine daily, having a specific gravity of 1·040. She did not lose flesh, and the skin remained moist. She took opium largely, and finally died with head symptoms. Dr. Metcalfe has abandoned for some years the dietetic method of treatment. Dr. Parker's experience has induced a similar conclusion. He alluded to one case in a gentleman seventy-two years old, and to another in a man twenty-five years of age, who passed large quantities of water of high specific gravity, and became much emaciated. He began to drink lager beer, and improved rapidly. Dr. P. saw him two years afterwards, and the improvement was marked.

Stated Meeting, Dec. 7, 1861.

In the absence of the President, Dr. Bulkley in the Chair.

TUMOR OF GROIN.—OBLITERATION OF FEMORAL ARTERY.

Dr. Wood described a case of tumor in the groin following a blow. The patient was a man æt. 30. He received a severe blow in the groin, and soon after discovered a hard tumor, as large as his fist, situated in the groin above and below Poupart's ligament. When Dr. Wood saw it, the surface was discolored, and there was no pulsation of the femoral or tibial arteries; the temperature was below that of the other limb. The superficial part of the tumor seemed to be coagulated blood; this was absorbed in time, and left a deeper seated tumor, which still continued to interrupt the circulation in the femoral and ext. iliac. A week afterwards Dr. Wood heard that the tumor was gradually disappearing, and pulsation had reappeared in the tibials but not in the femoral. The tumor is now entirely absorbed, but the femoral is obliterated.

EXTENSIVE NECROSIS.

Dr. Thebaud alluded to a case of extensive exostosis in a boy æt. 11. Every long bone in the body was the seat of exostosis. They began to be developed when the boy was a year old. They are symmetrical in their growth on the two sides of the body; they vary in size from that of a pea to that of a hen's egg, and are unaccompanied with pain. The boy enjoys fair health.

ŒDEMA OF VENTRICLES OF LARYNX.—TRACHEOTOMY.

Dr. Buck related the history of a case in which he had himself been called upon to perform tracheotomy. The patient, a man, æt. 25, returned from Washington some weeks since with typhoid fever, for which he was treated by Dr. Henschel of this city. He had hæmorrhage from the bowels, and while convalescing suffered from superficial cutaneous abscesses in different parts of the body, and especially over a recently blistered surface. A few days previous to Dr. Buck's seeing him, he complained of dysphagia, which was relieved by swallowing a bowl of warm soup. The day before Dr. Buck saw him, he began to suffer from dyspnœa, inspiration being very difficult; deglutition again became difficult, the voice diminished to a hoarse whisper, and the cough croupy; the pulse grew frequent and feeble. When Dr. Buck saw him, there was no evidence of external swelling, nor any tenderness about the larynx. Examination of the fauces and epiglottis revealed nothing. There was no œdema, and no evidence of post-pharyngeal abscess. The existence of obstruction was clear, but the cause was not apparent. The idea of cricoid abscess was suggested, but could not be verified. Tracheotomy was performed. When the operation was completed as far as the exposure of the trachea, the breathing ceased, and the patient assumed the appearance of death. An entrance was promptly effected, and a curved hook introduced so as to hold the trachea open: breathing gradually returned, and a double tube was introduced. The next morning deglutition was much easier. There was some discoloration of sputa with blood, but the cause of the obstruction remained and is still obscured. The patient now swallows solids; during the day he wears the perforated tube, and by closing the opening he can speak in an audible tone. No proof of abscess has yet been discovered, and Dr. Buck is inclined to ascribe the obstruction to œdema of the ventricles—a variety of œdema described by Cruveilhier as occasionally occurring.

Dr. Clark thought Dr. Buck's explanation the correct one. Dr. Markoe thought the pharyngeal symptoms could not be explained by any intra-laryngeal difficulty. Some difficulty in deglutition still exists. Dr. Buck used in this operation Trousseau's forceps for holding open the incision in the trachea; they are useful in controlling venous hæmorrhage, and allowing the easy introduction of the tube.

STONE IN BLADDER.—LITHOTRITY.

Dr. Markoe related a case where he had recently operated for stone in the bladder. The patient was a boy, æt. 8, who had suffered from symptoms of stone for eighteen months. The stone seeming to be a small one, the median operation was preferred. The grooved sound was introduced into the bladder, and forefinger of the left hand passed into the rectum so as to fix the prostate. The sound being firmly held, the point of the knife was entered at the anterior margin of the prostate, about one inch anterior to anus, and carried forward into the bladder; the finger was then passed through the incision into the bladder, and the wound dilated so as to allow the entrance of the forceps. The stone was fortunately seized so as to present its short diameter to the opening, and easily extracted; it proved to be larger than was anticipated, being oval in shape, and about an inch and a quarter in its long and three-quarters of an inch in its short diameter. Three hours after the operation, the patient got up and passed his water through the natural passage. He had entire control of his water after the operation, and at the end of fourteen days the wound was almost healed.

CANCER OF UTERUS IN VERY YOUNG PATIENT.

Dr Elliot related a case of cancer of the uterus in a very young patient. An English woman, æt. 21, miscarried on shipboard, on her passage to this country. Dr. Elliot saw her for the first time in March of this year. She had at that time a fetid discharge, which had existed since the miscarriage, and from this, and the condition of the cervix, cancer was diagnosticated, though the patient had no evidence of cachexia. Dr. Elliot never saw the woman afterwards until a few weeks since, when he was asked to see a case of cancer of the uterus at Bellevue, and recognised his patient, now rapidly sinking under the disease. She died, and at the post-mortem examination the diagnosis was confirmed. The vaginal cervix was eaten away by cancerous ulceration, the recto-vaginal cul-de-sac was obliterated by adhesions, and there was extensive pelvic cellulitis. At two points the peritoneum was just ready to give way, and pressure caused pus to exude into the peritoneal cavity. The liver was very fatty. Peritoneal inflammation had been prevented probably by adhesion.

The Society then adjourned.

American Medical Times.

SATURDAY, AUGUST 30, 1862.

MEDICAL INSPECTION OF RECRUITS.

The United States are about to present to the world the largest and best appointed army of modern times. One million of men will be its minimum strength, and its equipments will embrace every invention known to modern military science. Such an army, thoroughly disciplined, and led by competent officers, would seem capable of accomplishing any given object, whether for conquest or defence. And yet history has always taught what we have now learned by grievously sore experience, that the efficiency of an army does not depend upon its numbers or its equipments, but upon the physical strength of the individual soldier.

In the formation of the army the medical profession bears a most important part, for to it is assigned the task of selecting the materials of which the army is to be composed. Government commits to the inspecting surgeon the grave responsibility of determining the physical health of the recruit. Of the value which other governments place upon these duties we have the most positive evidence. The Prussian regulations state:—"The duty of inspecting recruits, and of determining whether they are fit or unfit for the military service of the country, is one of the most difficult and responsible that an army surgeon has to perform. The Austrian regulations have the following:—"The duty of inspecting recruits and conscripts requires the utmost impartiality, skill, and circumspection on the part of the medical officer." And an experienced writer has said:—"In a financial, a political, and perhaps, I may add, in a medical point of view, I am not aware of any part of the duty of a medical officer which is of more importance than the inspection of recruits on a large scale, and the examination of inefficient soldiers; and, consequently, these duties deserve a very careful consideration."

That our Government regards it as no trivial matter to pronounce upon the health of the recruit, may be inferred from the following certificate which the surgeon is required to sign:—"I certify on honor, that I have carefully examined the above-named recruit, agreeably to the General Regulations of the Army, and that in my opinion he is free from all bodily *defects* and *mental infirmity*, which would in any way disqualify him from performing the duties of a soldier."

The regulations of the recruiting services of the United States are sufficiently stringent, and if implicitly followed would give to the ranks only qualified men. The medical examination is required to be systematic and complete in all that pertains to the person's present and past life, as well as to his physical condition. The regulations are:—"In passing a recruit, the medical officer is to examine him stripped, to see that he has free use of all his limbs; that his chest is ample; that his hearing, vision, and speech are perfect; that he has no tumors, or ulcerated or extensively cicatrized legs; no rupture or chronic cutaneous affection; that he has not received any contusion or wound of the head, that may impair his faculties; that he is not a drunkard; is not subject to convulsions; and has no infectious or other disorder that may unfit him for military service." The surgeon who does his duty faithfully, amplifies the details of inspection so as to detect every possible disability. He will thoroughly inspect the external surface; he will test mental capacity by examination of the head, and by well selected questions; he will test vision and hearing by experiment; the viscera of the thorax and abdomen by percussion and auscultation; the limbs and joints by exercise. In this manner he will pass in review every organ, every function, and every source of disability. Such an inspection requires both time and experience. No man could make such an examination as the army regulations establish hastily; the minimum of time would be what a conscientious physician would require to determine an obscure disease. Nor can a civil practitioner enter upon this service as a qualified person; the inspection is for a special service, and only the surgeon familiar with the peculiarities of such service, by long experience, can be well qualified to discharge this duty.

The medical inspection of recruits for the volunteer service, as now conducted, is in too many instances a gross abuse of a most important office. The examinations are so superficial at many recruiting stations, that the most obvious defects are overlooked. The army is being filled with old men and boys, and recruits having such disabilities as defective vision and hearing, anchylosed joints, hydroceles, hernias, aneurisms, etc. If we add to these defects the more latent diseases of the internal viscera, which necessarily escape detection, and which will assume an active character in service, no one need be surprised at the overflowing condition of the military hospitals of the country as soon as the army commenced active operations. It can scarcely be credited, and yet it is stated on the best authority, that a single medical inspector has regularly passed two hundred and fifty men daily, occupying eight hours each day. The examination of each recruit in this case occupied on an average less than *two minutes!*

Faulty medical inspection admits of a prompt and complete remedy. First, let a sufficient number of inspectors be appointed at each place of rendezvous, so that the labor shall not be pressing. The State of New York will put nearly one hundred and fifty thousand men in the field. Here is work for a score or two of inspectors, and yet it has but three! However anxious these gentlemen may be to do their duty faithfully, the thing is simply impossible. Again, they should be paid by the day, and not by the head. The temptation which fifteen cents a recruit holds out to a young physician to make a good day's job, by passing a large number, is unwarranted by any want of the service. Finally, the medical inspector should be a man of experience, and hence should be taken from the regular service. There are many surgeons of the Army who are invalided, or have been retired, but who are able and willing to undertake such labors. To them might be assigned, very properly, this duty.

Shall not these abuses in the recruiting service be corrected while yet the public service may be benefited? Napoleon is said to have thus remonstrated with the Legislature of France:—"Shame on you! I demanded a levy of three hundred thousand *men;* but I must have *grown* men. Boys serve only to fill the hospitals and encumber the road sides." Our government has called for twice three hundred thousand men, and shall she not have grown and able-bodied men rather than the lame, the halt, the blind, with which to further encumber our hospitals?

THE WEEK.

The value of a rigid Sanitary Police in the preservation of the health of a city peculiarly exposed to contagious and infectious diseases, is strikingly illustrated at New Orleans. Under the inflexible military rule of Gen. Butler the streets are thoroughly cleansed, all nuisances are removed, and quarantine is made effectual upon every vessel from infected ports. As a consequence that city, though in intimate commercial relations with ports where yellow fever is now prevailing in the most fatal form, is unusually healthy. In what disparaging contrast does New York appear under the sanitary supervision of a self-vaunting Board of Health Commissioners! Streets reeking with filth in an August sun, nuisances of every description around the tenements of the poor, and a quarantine managed for the personal gain of a few, are the legitimate fruit of our health regulations. The people of New York should understand that they are in great danger of an epidemic of yellow fever this season, through the grossest mismanagement of the quarantine, and that by the sanction of the Health Commissioners. Infected vessels from ports where yellow fever now prevails in its most virulent form, are allowed, in positive violation of law, to come to the upper quarantine, and finally to discharge their infected cargoes at our wharfs. How long will this be done with impunity? Gen. Butler replied to the Spanish Consul, who asked that a vessel from an infected port might pass quarantine and receive a cargo of tobacco, that the health of New Orleans could not be offset by any amount of tobacco! We sadly need such energy and devotion to the public weal in the regulation of our quarantine.

The British Medical Association recently held its thirtieth annual meeting at London. It was largely attended, and its proceedings were of the most interesting character. The President, Dr. Burrows, delivered an opening discourse, in which he traced the rise and progress of the Society, and its past, present, and prospective objects. The address in medicine was delivered by Dr. Walshe, and the address in surgery by Mr. Paget. The former address is said to have been thoughtful, eloquent, and brilliant, and Prof. Bennett, of Edinburgh, in moving thanks to the orator, said:—"We need, indeed, not despair of our profession attaining to the highest rank in the world of intelligence, so long as such men as Dr. Walshe live to inspire it with the force of their eloquence." Of Mr. Paget it is said:—"For sixty-five minutes did that gentleman pour forth one unhesitating stream of true eloquence, without a note or a line to aid his memory. Not mere words, not *vox et preterea nihil*, was his discourse; every word was incisive and to the point; there was nothing superfluous, and nothing wanting. It is saying little to add, that from first to last he riveted the attention of his audience. One only regret was occasioned by his words, and that was when they were ended." The session lasted four days. The Association seems to be in a highly prosperous condition.

Officers returning from Richmond have frequently stated their gratification at meeting in the rebel army a trained Ambulance Corps, and express their surprise that we still cling to the old system of having soldiers help their comrades from the field. It is remarkable, that in the organization of the army so important a matter should be overlooked. In our time, when projectiles are so unerring and fatal, there is more than ever need of an ambulance corps, thoroughly trained, to follow the advancing columns and succor the wounded immediately, and thus leave the soldier untrammelled by a duty so foreign to his proper service. In the French army this corps is under as complete discipline as the rank and file of the army. Such careful provision for the wounded, also, adds much to the morale of troops. We believe the authorities have appointed a Commissioner to devise a plan for an ambulance corps, but we regret that attention has not sooner been given to the matter.

We alluded some time since to the appropriation of a sum of money by Congress for the purchase of artificial limbs for maimed soldiers. A Commission consisting of several of the most eminent surgeons in the country is about to be convened in New York by Surgeon-General Hammond, in order to decide upon the best method of applying this fund. They will select the limbs best adapted to the purpose, and make such recommendations as seem advisable after due deliberation. We again express the hope, that medically-educated mechanical surgeons will alone be found worthy of the patronage of Government.

The Medical Examining Board for contract surgeons in New York and Philadelphia have been adjourned by order of the Surgeon-General.

Correspondence.

LAND SCURVY.

[To the Editor of the American Medical Times.]

Sir:—In a letter from Brigade-Surgeon Chas. H. Rawson, in the Medical Times for July 19, 1862, I find the following observations, which have been so fully corroborated in my experience, and are so vitally important, that I desire to call the attention of the profession to them, so that in future the disease which Dr. Rawson so well describes, may be prevented, and that where it now exists undetected, it may become known and cured.

Speaking of the diseases most prevalent in the army of the west, he says:—"But the most singular of all diseases is a species of land scurvy that is very insidious in its effects, and I think many men are suffering from it, who are being treated for many other diseases." The symptoms are many, and are well described in the letter alluded to; general debility appears to be an important cause of this malady; the men complain that they are daily becoming weaker, great muscular weakness, sometimes soreness with red spots, ecchymotic and swollen feet and legs, rheumatic pains affecting bones, muscles, or any and every portion of the body. Some have pale, waxy, puffy, and anæmic swelling about the face; a few show ulcerated gums and mucous membrane, but they are comparatively few, appetite capricious, and bowels irregular, but generally have diarrhœa. In short, all of the symptoms of scorbutus as described in our Text Books. But I refer the reader to the letter itself, containing much else that is interesting and valuable in a short space, for a fuller exposition of Dr. R.'s views; I wish here simply to second them.

There have been, since the 9th of July, about one hundred sick soldiers treated in the wards of the 3d Medical Division, Dr. Loomis, visiting physician, until Aug. 1st.—since which time Prof. Flint has had charge of the service. Of these patients, many were convalescents from typhoid fever, but of the remainder fully one half, about 35 per cent. of the whole number, were, and are affected with this disease. To be sure, quoting again, "Many of these men show no symptoms by mouth or countenance, and the indications of health are so striking" that one would at first glance pronounce them fit for duty, but a closer examination reveals their trouble. Quite a number, in whom there were no symptoms referable to the mouth and gums, have developed them while under treatment. That the men themselves were unaware of their disease, was evident from the answers they made to the question, "What is the matter with you?" Kidney disease, chronic rheumatism, swelling of feet and limbs, etc. etc.; and in one or two instances one of these a lieutenant, soreness of the gums, looseness of teeth and hæmorrhages from mouth, were the answers most commonly given..

The men under treatment were all from the Army of the Potomac, some of them from the Richmond hospitals. Many of these men have fleshed up, gained strength, appetite, and spirits, but are still weighed down with the stiffness and swelling of the limbs, and the excruciating pains, with the sore gums. They are all having the vegetable diet, with tonics, iron, and quinine.

The diarrhœa in these patients seems to be checked in proportion as they recover their general health and tone. General debility, instead of being a cause, as Dr. Rawson seems to think, appears to me to be another and most important symptom of scurvy, and sometimes has been the only symptom present, except the wandering "shooting" pains, on which to found a diagnosis. No deaths have occurred from this disease in the hospital.

Measures have now been taken to supply the army with vegetables, and the subsistence order of Gen. Pope coming into effect, will tend to prevent the future ravages of this disease, but still it is to constant vigilance and prompt action on the part of the medical staff, alone, that the coming six hundred thousand recruits must owe their safety from scurvy.

Respectfully yours,
Francis R. Lyman, M.D.
House-Physician.

Bellevue Hospital, New York, Aug. 20, 1862.

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SICKNESS IN THE ARMY OF THE WEST.

[Army Correspondence of the American Medical Times.]

Corinth, Miss., Aug. 8th, 1862.

Sir:—Since I last wrote you every effort has been made to close up all the hospitals between this place and the Tennessee river, and I am happy to state the last place is closed except one—the general hospital at Farmington, that now has 175 patients too sick to move at present. As it contains the final remnants of all the others, it will take three weeks probably to remove them all. Jackson, Tenn., has been decided upon as the place to establish a large general hospital, where all the sick for this portion of the army will be sent. It is fifty-seven miles north of this by the Mobile and Ohio Railroad, and is considered the healthiest place in West Tennessee. Beds are being prepared for 1,000 patients, and we may double the number.

Diarrhœa, some dysentery, remittent and typhoid fevers, and scurvy, are the principal diseases at present. The latter prevails more extensively than it ought, but it is very difficult to get fresh vegetables in any quantity, nearly everything having to be brought from the north. The U. S. Sanitary Commission are furnishing some eggs, chickens, potatoes, etc., to general hospitals, but the supply is nothing to the demand and requirements. The Government ought to have agents to purchase abundance of everything, and pay from the hospital fund, but as yet I can get nothing done. Some of the hospitals have two to four thousand dollars due them, and yet can do nothing with it, as nothing can be purchased here. Every one sees the necessity, but changes are so constant, it is difficult to get anything done.

The last load of sick went down the Tennessee river today, that will probably go by steamer this season, and those old hospital stations, Savannah, Pittsburgh Landing, Hamburgh, etc., are deserted, and will only be remembered in history, except by the many thousands whose personal experience has been such as to indelibly press upon their minds the days and possibly weeks of discomfort and misery passed there. The health of the army is very good indeed, considering the season of the year. Hoping to hear from you soon, I remain as ever,

Yours, etc.,
Charles H. Rawson,
Brig. Surg. and Acting Medical Director, Depart. Miss.

◆

FOREIGN MEDICAL INTELLIGENCE.

There has happened recently in Paris a curious affair which strikingly illustrates the power of example, or nervous contagion. The infants of the parish of Montmartre were assembled to partake of their first communion. There were collected in the church 150 boys and nearly an equal number of girls, which, with the assistants, would make about 500 persons. The ceremonies continue for several days, and during the first day, although none of the exercises were of an excitable nature, three of the young girls fell senseless and had convulsions for several moments. On the second and third day, the same number were taken in a similar manner, and on the fourth day four other young girls reproduced the same accident. By this time the ecclesiastics began to think that they were exciting the children too much by praying so strong, and it was agreed in consultation to diminish their ardor. But in spite of this precaution, the fifth day's ceremonies exhibited similar scenes to an exalted degree, for on this occasion no less than thirteen were seized with convulsions and carried crying from the church. And during the evening services of this day, twenty more were taken, some attacks being slight, while others were terribly severe. Several kept convulsed an hour and a half, and evinced many grave symptoms besides.

On the sixth day, which was the day after confirmation, fourteen children fell prostrate, smitten as if from fear into trembling and convulsions, as the archbishop laid his hands upon their forehead. The contagion showed great partiality as to sex, for not one of the boys became affected during the six days of religious performances.

I am the recipient of a little work, titled *La Thrombose et de l'Embolie Cérébrale*, by Dr. E. Lancereaux, of Paris. I believe I do not err in judgment when I pronounce this a most excellent and original treatise on arterial affections. I could say even more in its praise, but too great enthusiasm on my part might be ascribed to partiality, for the author was once my teacher in *La Pitié*, and is still my dear friend.

Thrombose means an arterial blockade. Embolie means the same; but in *embolie* the material obstructing has floated to the point where found, whereas *Thrombose* originates chiefly from disease of the arterial coats. It is incontestably proven by the author that one or other of these conditions is the cause of occlusion in the vessels of the encephalon, and consequently of *ramollissement*. The brain substance, in the accomplishment of its degenerative evolutions, has three successive periods anatomically characterized by an alteration of color and consistence. Red and scarcely softened in the first period, markedly pulpous and yellow in the second, and in the third white and diffluent. Cerebral ramollissement and all alterations accompanying it, which recognise for cause arterial occlusion, are constituted by *métamorphose régressive* of the normal elements of that portion of the organ once nourished by an obliterated artery. Symptoms following this condition are generally characterized by some form of paralysis, but by far the most common is sudden hemiplegia, with or without loss of the senses. Symptoms of cerebral hæmorrhage bear great resemblance, but differ in their march, etc.

The divers forms of cerebral ramollissement owing to obstruction of encephalic vessels (arteries, veins, or capillaries), possess anatomical and clinical characteristics which clearly distinguish them from other forms of the same disease with which they have been invariably confounded.

I did not at first intend to write even this little on the work in question, for I am well convinced of my inability to touch, transpose, or meddle in any manner with the brilliant writing of the author.

Cygnet.

Medical News.

"The late Edward Stanley, Esq., F.R.S., Surgeon to St. Bartholomew's Hospital.—The medical profession will regret to hear that this gentleman, so long and so intimately connected with St. Bartholomew's Hospital, expired suddenly in one of the wards of that noble institution on Saturday afternoon. As a member of the Court of Examiners of the Royal College of Surgeons, he had been much engaged until a late hour nearly every night in assisting at the examinations of the large number of candidates now undergoing that ordeal. On the evening of Friday, the 23d instant, he left in excellent spirits. He rose on Saturday morning at his usual hour; and, having received and attended to his patients, repaired to St. Bartholomew's Hospital. In the act of addressing his friend, Mr. Arnott, on a case before them, he was observed to falter in his speech, and immediately to fall on the bed. Mr. Wormald, one of the surgeons of the hospital, afforded him instant assistance, and to this gentleman he whispered a few words stating he should soon be better, and desiring him not to feel alarmed; but, notwithstanding the kind and unremitting attentions of his colleagues, he soon ceased to exist. Mr. Stanley had not been a large contributor by his pen in the advancement of chirurgical knowledge; but what he wrote he wrote well, as evidenced in his standard work on the *Diseases of the Bones*. He was also the author of a mode of performing the lateral operation of lithotomy, and also of a *Manual of Practical Anatomy*. Mr. Stanley, in addition to the appointments already mentioned, held that of Surgeon Extraordinary to Her Majesty the Queen. The lamented deceased leaves a widow and three daughters, and one son in the Church."—*Brit. Med. Jour.*

Medical Storekeepers.—The six medical storekeepers, provided by the recent act of Congress, have been appointed by the Secretary of War, upon the recommendation of the Examining Board, and assigned to duty at the principal army purveying depots. A large number of applicants were examined by the Board, and the appointments made purely with reference to their relative competence. They have been assigned to duty as follows:—George Wright to Surgeon R. S. Satterlee, Medical Purveyor, N. Y.; Henry R. Rittenhouse to Surgeon R. H. Alexander, Medical Purveyor, Army of the Potomac; Robt. T. Creamer, to Assistant Surgeon C. F. Alexander, Medical Purveyor, St. Louis; Victor Fuller, to Surgeon George E. Cooper, Medical Purveyor, Philadelphia; Henry Johnson, to Surgeon H. Laub, Medical Purveyor, Washington; Henry Stephens, Medical Purveyor, Cairo.

Surgeon W. F. Edgar, formerly Medical Director at Cairo, has been ordered to report for duty to Medical Director McDougall, at New York. Medical Purveyor Baxter has established a medical supply depot at Alexandria, for the Army of Virginia. Dr. M. J. Davis, of Pennsylvania, has been appointed Assistant Surgeon, and ordered to report to Dr. Webster, Douglas Hospital. E. M. Tamisly, D. C. Beebe, and G. L. Menzie, have received appointments as Medical Cadets. The Adjutant-General has ordered the medical storekeepers recently appointed to report for duty.

The health of Providence in July, as indicated by the mortality returns, was so remarkable as to deserve a brief notice. The number of deaths was one less than in June; 31 less than in July of last year, and 25 less than the average for July during the last six years. The number was also less than in any year, except one, since 1842, when the population was less than half the present number. The fact that there were fewer deaths in July than in June, is unprecedented in the twenty-two years' registration in this city.

At a recent general meeting of the members of the Society for Relief of Widows and Orphans of Medical Men in London and its vicinity, it was announced that £977 had been distributed in half-yearly relief amongst forty-five families of its deceased members, besides £63 given in casual relief.

Mr. Spencer Wells, in remarks on ovariotomy lately made by him, states "the girl last operated on was my fortieth case of ovariotomy. If she recovers, which I have no doubt she will, it will give a result of twenty-four recoveries to sixteen deaths—a proportion of exactly two recoveries to three operations."

Private Physicians.—No more private physicians are needed by the Government, the last act of Congress authorizing two assistant surgeons for each regiment, supplying all deficiencies. The Medical Examining Board for examining contract surgeons in New York and Philadelphia has been discharged.

A reserve corps of experienced surgeons have been sent to the Army of Virginia. Surgeons Vollum, Purdy, Stewart, Potter, Coolidge, Woodward, McKee, Allen, and Brinton, have been sent to join the corps.

Care for the Sick Africans in South Carolina.—Gen. Saxton has made contracts with Drs. Hawks, Bundy, Wakefield, and McClintock, to attend to the health of the Africans in Gen. Hunter's department.

Surgeons John B. Porter and W. F. Edgar have been retired.

SPECIAL NOTICES.

New York County Medical Society.—*An adjourned stated meeting of this Society will be held at the College of Physicians and Surgeons, corner of Fourth Avenue and Twenty-third Street, on Monday, Sept. 1st, at 8 o'clock P.M. Papers and discussion expected.*

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To the Medical Profession.—Dr. I.

Parigot has changed his residence and is prepared to receive a very limited number of patients in his country house at Hastings, on the Hudson; he can be consulted in town at Dr. Douglas' Office, No. 12 Clinton Place, on Tuesdays and Saturdays, for Nervous Diseases and Medico-Legal questions.

Wm. H. Davol, M.D., late Physician

to L. I. College Hospital, Brooklyn, removed to St. Paul, Minn.

References.—C. L. Mitchell, M.D., T. L. Mason, M.D., Prof. E. N. Chapman, M.D., of Brooklyn; Prof. Austin Flint, M.D., Prof. B. F. Barker, M.D., of New York.

On the Various Contrivances by

which British and Foreign Orchids are fertilized by Insects, and on the good effects of Intercrossing. By Charles Darwin, M.A., F.R.S., etc. 8vo. London, 1862. $2.80.

Bailliere Brothers, 440 Broadway, N. Y.

Gmelin (L.) Hand-Book of Chemistry.

Vol. I. 2d Edition, revised. 8vo. London, 1861. $3.25.

Bailliere Brothers, 440 Broadway, N. Y.

An Inquiry into the Medicinal Value

of the Excreta of Reptiles in Phthisis and some other Diseases, by J. Hastings, M.D. London, 1862. $1.60.

Bailliere Brothers, 440 Broadway, N. Y.

The Pathology and Treatment of

Phlegmasia Dolens, as Deduced from Clinical and Physiological Researches. By F. W. Mackenzie, M.D. 8vo. London, 1862. $1.87.

Bailliere Brothers, 440 Broadway, N. Y.

On Uterine and Ovarian Inflammation;

and on the Physiology and Diseases of Menstruation. By E. J. Tilt, M.D. Third edition, with Colored Plates. 8vo. London, 1862. $3.75.

Bailliere Brothers, 440 Broadway, N. Y.

Elements of Chemistry: Theoretical

and Practical, by W. A. Miller, M.D. 2d edition, with additions. 3 vols. 8vo. $16.00

Bailliere Brothers, 440 Broadway, N. Y.

Epilepsy: its Symptoms, Treatment,

and Relation to other Chronic Convulsive Diseases, by J. R. Reynolds, M.D. London. $3.25.

Bailliere Brothers, 440 Broadway, N. Y.

Clinical Essays, by B. W. Richardson,

M.D. 8vo. London, 1862. $2.00.

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HON. JOHN H. ANTHON, A.M., Professor of Medical Jurisprudence.
——————— Professor of Physiology of Microscopic Anatomy.*
JAMES E. STEELE, M.D., Demonstrator of Anatomy and Curator of the Museum.
GEORGE WOOD JEWETT, M.D., Assistant to the Professor of Midwifery.
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A preliminary term will commence on Monday, September 15th, and continue until the Regular term begins. This Course will be GRATIS to those students who intend taking a full winter Course, and will be as follows;—

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* Prof. Browne having received the appointment of Brigade Surgeon, has resigned the chair of Physiology. The chair is now vacant, but will be filled before the commencement of the Course.

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GELIS & CONTÉ'S DRAGÉES OF LACTATE OF IRON.

Approved by the French Academy of Medicine.

The superiority of action of the *Lactate of Iron* is duly attributed to its perfect solubility in the gastric juice. It is daily prescribed for *Chlorosis, Whites, Amenorrhœa*, and general debility. Each Dragée contains one grain Lactate of Iron.

DOSE.—Two to three, three times a day.

PAULLINIA-FOURNIER,

Is daily administered as a tonic and principally for the nervous system, hence its advantageous application for *Neuralgia, Headache*, convulsions of the stomach, &c., &c. It is favorably spoken of by Drs. Trousseau, Pidoux, Grisolle, &c., &c. No. 26 Rue d'Anjou St. Honoré, Paris.

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The efficacy of this new preparation, containing two important elements of our system, Iron and Phosphorus, is admitted by all Physicians who have employed it. Being borne easily by the most delicate stomachs, it agrees very well with young ladies; it is used with decided benefit in cases of *general debility, Anemia, Dyspepsia, Neuralgia*, and principally where a nervous tonic is indicated.

DOSES.—Two to four Dragees, three times a day, or a dessert to a teaspoonful three times a day. For children in proportion.

PERSONNE'S IODINISED OIL.

APPROVED BY THE FRENCH ACADEMY OF MEDICINE.

This Oil, containing Iodine in an elementary combination, is very much like sweet almond oil in its taste and color; it has great advantages over cod-liver oil, as it can be administered in smaller quantity and without disgust for the patient. Ricord says: that the cure, or at least some modification of the disease, have always been obtained quicker with Personne's Iodinised Oil, than with cod liver oil. This oil is used in the same cases as codliver oil. DOSE.—A teaspoonful two or three times a day.

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Original Lectures.

COURSE OF LECTURES
ON
DENTITION AND ITS DERANGEMENTS.

DELIVERED AT THE
NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL
IN THE PRELIMINARY COURSE.
Session 1860–61.

Lecture XII.—Part III.

By A. JACOBI, M.D.,
PROF. OF INFANTILE PATHOLOGY AND THERAPEUTICS.

Different Opinions on the Nature of Infantile Paralysis—Laryngismus Stridulus, and its Presumed Relation to Dentition.

After all, the difficulty of a correct diagnosis in many cases of essential paralysis cannot be denied. If any other proof were required, it would consist in the variety of opinions concerning its etiology. Thus E. Müller contends, that although the febrile first stage be very short, the symptoms allow of no other explanation than that the seat of the diseases must be sought for in the central organs of the nervous system; whether there is congestion or exudation, whether they are local or diffuse, must differ according to the cases. Sandras, who is quoted by Dr. von Heine, says that extravasation into the spine is characterized by sudden and obstinate paraplegia, but thinks by no means that every case of sudden and obstinate paraplegia results from spinal hæmorrhage. Warnatz is in favor of attributing the disease to a spinal affection, inasmuch as the mental functions of the senses were not interfered with; and also greatly to the dyscrasic influences, syphilis, scrofula, and, more than any other, rhachitis. Bräuning seeks for the cause of essential paralysis in diseases of the nervous system in general, in the spine, and diminished innervation resulting from organic changes, and slight compression (extensive pressure would bring on death, in his opinion) or from some morbid condition of the nerve. Vogt takes it as the remnant of a disease of either the nervous centres or the nerves, with their membranous envelopes, which can be nothing else but either congestion or inflammation with their final consequences. Rilliet and Barthez, West, Bouchut, Marshall Hall, Kennedy, take it as a peripheric disease; dental irritation, remittent fever, convulsions, worms, intestinal affections, influence of cold temperature, sitting on a cold stone, etc., etc., are accused as being the causes. Shaw supposes the disease to depend on a sudden change taking place in the brain or spine. Brown-Sequard, finally, takes infantile paralysis as a reflex-paralysis, the existence of which he, like his assistant, Dr. Echeverria, now in this city, tries to prove with all his immense learning in both physiology and pathology. Naturally, dentition and worms have their part to play among the proximate causes.

I have merely to add, that as I have above given my opinions as based, I believe, on the symptoms and the facts of pathological anatomy, I am not willing to give up an explanation of this kind for any other, although it be more brilliant and more surprising. Nor am I ashamed to say that there is no uniform anatomical alteration in all and every one of the cases of infantile, or essential, or dental paralysis. The symptoms are such that they can be explained by a certain number of pathological conditions, and it is not my fault that, in nature, the same ends will be frequently obtained by multifarious causes. If really dentition had anything to do with this paralysis, it could be so in but few cases, and be only explainable by the assumption of reflex-paralysis; for a subsequent hyperæmia of the brain or spine would again justify my more anatomical explanation. How absurd, however, is it to baptize it dental, for no other reason but that a few cases may possibly be induced by some anomalies in the protrusion of a tooth. In every case, moreover, of any disease, we ought first to inform ourselves of its nature, its anatomical basis, and its seat, and then at last to look for the occasion on which it commenced, and the proximate causes by which it has been brought on. If no cause could be found in any case, the name "essential paralysis" would be the better one in my opinion; but as in the majority of cases a differential diagnosis can be made with either certainty or probability, it is merely scientific to determine its character in the diagnosis, and the name applied to the disease.

Another disease, which is almost always considered as being in a causal relation to dentition, is laryngismus stridulus, or crowing inspiration of children.

Laryngismus is emphatically a disease of infantile age. It is observed as well in apparently healthy as in sick children. in their sleep or while they are awake, playing, eating, singing, or to the contrary, when irritated, or excited. The first stage of an attack of laryngismus is a sudden and entire apnœa. Respiration is stopped suddenly, completely, for a few seconds, even for a minute, the face is bloodless and pale, and cyanotic in attacks of long duration, the skin cool, the heart scarcely perceptible, the entire muscular system in a state of paralysis. The second stage is that of beginning reaction to this complete inactivity; the recurrent branch of the pneumogastric nerve commences again to stimulate the function of the muscles of the glottis, and the spinal nerves again enliven the other respiratory muscles to such an extent as to produce a forced, deep, "crowing" inspiration. In the third stage, finally, reaction is complete. Short convulsive expirations restore the functions of the respiratory organs to their former condition. Attacks of great intensity and long duration are generally attended with contractions of the hands, and even general tonic convulsions of the trunk (opisthotonus) and lower extremities. Sometimes general eclampsia has been observed to accompany the attack of laryngismus, but also to return without an attack, or an attack of laryngismus to return without eclampsia. Involuntary evacuations of the bowels have been observed during the attack; these are the consequences of paralysis of the sphincter muscles. Laryngismus is seldom fatal; a large number of attacks have sometimes occurred in a single day. The disease is apt to last for months, and even years. Whenever death ensues in the attack, it does so in the first stage.

The mildness or severity of the attacks of laryngismus depend on both the constitution of the patients and occasional causes. The milder form is particularly recognised by a milder appearance of the first stage, viz. the sudden paralysis of the respiratory muscles, and the slightness of the accompanying carpo-pedal or other symptoms. Of this kind are those mild attacks which have been described by Rilliet and Barthez, Hérard and Ranking, and called "holding-breath spells" by J. Forsyth Meigs. Here, the first stage is not very violent, and crowing expiration is not always perceived, but in the cases witnessed by myself, I have never missed the convulsive expirations constituting the third and last stage. Altogether, I am unable to discover any other difference between an attack of "laryngismus," and one of "holding breath spell," but that of a different severity of symptoms of the same affection; for in my mind there is no doubt that the assertion, that the latter "never occurs spontaneously, and never during sleep," and that "the most frequent cause of the paroxysms is contradiction; that they are determined also by fright, pain, and crying," is either not quite correct, or not quite complete.

The symptoms of the first stage of laryngismus cannot be explained except by a functional trouble, by paralysis, perhaps of the oblongated spine, perhaps of all the nervous centres together. Paralysis of the muscles of the glottis alone is unable to produce all the symptoms of the first stage of laryngismus; for by cutting a recurrent nerve such general symptoms could never be produced. And the dissection of both the recurrent nerves gives rise to real suffocation, pretty rapidly, but not at all suddenly; lungs and brain become hyperæmic, and the heart and cutaneous veins full of blood; whereas post-mortem examinations in laryngismus show a positive absence of hyperæmia in the brain, and no, or very little, blood in the heart and cutaneous veins. Death ensues in laryngismus in the same manner as in animals whose oblongated spine has been cut. They die either instantaneously, both respiration and circulation ceasing at once, or some few contractions of the extensors of the trunk and lower extremities are observed before; local hyperæmia is found nowhere, neither in the brain, nor lungs, nor heart.

As to crowing inspiration, it does not properly belong to the attack of laryngismus stridulus; its, and also the convulsive expirations are symptoms of returning reaction, that is, the recommencing of nervous and muscular functions. It is also met with in catarrh of the larynx, where the muscles of the vocal cords are spasmodically affected, and is, therefore, by no means a pathognomonic symptom of laryngismus.

This affection is mostly observed at the time of the first dentition, about the second half of the first year. I have often spoken of this period as one of general and rapid development of all the tissues and organs of the infantile body, and therefore I refer you to previous lectures. But I have here to direct your attention to the intrinsic similarity of this period of life with that of puberty, which also excels by its general rapid development. It is but natural that neuroses should be frequent in either, from this very physiological fact, and so they are, indeed. As in all cases of nervous diseases, however, all sorts of influences have been accused to be the causes of laryngismus: indigestion, cold, fright, morbid predispositions, ascarides, hypertrophy of the thymus gland, and every one of the imaginable affections of the pneumogastric and sympathetic nerves. And certainly dentition, the nightmare of both the public and many medical men. They may almost be excused by you on learning that even such men as Marshall Hall direct, in laryngismus, the gums to be incised, in different places and directions, once, twice, and even three times a day, and expect a cure from this sort of butchering art, or scientific butchery. I warn you most emphatically against following his advice to the extent in which it is given. In some cases incisions into the gums may be indicated, and I sometimes make them myself; but this readiness to operate on helpless children, who are so unfortunate as to "teethe," that is to say, to be from six to thirty months old, is, to say the least, a mistake. I shall avail myself of an opportunity to further give my views on the habit of "lancing the gums" in a more explicit manner, in my next lecture.

The large number of causes to which laryngismus has been attributed, and the various mistakes that have been made in the determination of its nature and character, have given rise to a number of names for this very same affection. Amongst them are foremost, besides laryngismus stridulus, apnœa of infants, thymic asthma, croup-like-inspiration, crowing inspiration, spasm of the glottis, paralysis of the glottis, suffocative asthma, stridulous angina, internal convulsion, and others. The difficulty in finding a correct interpretation of the symptoms, and even accurate names, has been so great, that the disease has become known by the name of "Kopp's asthma." Even this is incorrect; for Kopp, who wrote in 1830, has not been the first to give an exact description of the disease, moreover with an erroneous etiology, as he was preceded by Hamilton in 1818, John Clarke in 1815, and Alexander Hood in 1827.

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Cider in Diabetes.—Drs. Miller and Holmes reported to the Berkshire District Medical Society a cure of Diabetes in a man seventy-two years of age, by the use of sweet cider, after the disease had lasted three years. Dr. T. Childs brought additional testimony to the cure of true diabetes mellitus by the use of cider.—*Berkshire Med. Journ.*

Original Communications.

REMARKS ON ALBUMINURIA,

MADE BEFORE THE NEW YORK ACADEMY OF MEDICINE.

By A. CLARK, M.D.,.

PROF. OF PRACTICE AND PATHOLOGY.

(*Continued from page* 116.)

It will be remembered that I stated my failure to find the cases referred to by my colleague, Dr. Jos. M. Smith, in which the diabetes had become complicated by the intercurrence of albuminuria. Dr. Smith has been so kind as to refer me to the page in Camplin's little book, where an observation similar to my own is recorded. I must have overlooked the statement, because it is dropped into a footnote. It runs thus (p. 13): "In this case the urine, which had been a long time in very large quantity, and contained only sugar as an abnormal ingredient, became albuminous towards the last, and increasingly so, as the fatal termination approached. A specimen examined a few days before death contained sugar, albumen, torulæ, and a few casts, and the specific gravity of that, if I recollect right, the last examined, was only 1·014, and it was as albuminous as in ordinary cases of albuminurea; the kidneys were found large, flabby, and congested, but with no decided marks of disease or degeneration."[*] Here, then, in the condition of the urine, is the almost exact parallel of the two cases I reported. Mine, then, have not the advantage of priority; but if I have lost the credit of having first called the attention of the profession to this modification of diabetes, I have gained in the confidence with which I may submit the facts to their scrutiny.

There is another subject regarding which I wish to say a few words, before I take up the topic which properly belongs to this evening. I refer to the impaired function of the kidneys, as shown by certain observations of M. De Beauvais, spoken of by Goodfellow (p. 50) in these words:—"Turpentine taken into the stomach, or inhaled by the lungs [or injected into the superficial tissues]. gives rise to the odor of violets in the urine; and every one knows the offensive odor given off from the urine after eating asparagus. Bernard asserts (on the authority of De Beauvais) that in Bright's disease, these effects are not produced." In other words, it is the office of the kidney in health to eliminate from the blood something which has a violet odor in one case, and something which has a hippuric odor in the other, and it is asserted that neither of these offices, normal and healthy under the circumstances, can be performed in this disease, any more than the urea can be fully eliminated. During the last twenty days, I have put this statement to the test so far as my opportunities have permitted. I directed that twenty drops of turpentine should be given to five female patients, whose urine had been albuminous, and who had markedly enough the symptoms of Bright's disease. The first urine that was passed after taking the turpentine was reserved for my examination. The peculiar odor was present in four, and absent in one. On further examination of these specimens, it was ascertained that at that particular time only one contained albumen, and that was the one which did not give the violet odor. In other words, five patients were under treatment, having had albuminous urine, pale skin, œdema, and other symptoms of kidney disease; the albumen disappeared from the urine of four of them (to reappear no doubt at a later day), and while the albumen is absent, these four give, after taking turpentine, the same odor that the secretion of a healthy person would give; while in one of the number, the urine being still albuminous, this odor is not to be discovered. It seems probable, then, that it is not the existence of Bright's disease alone which prevents the elimination of this particular principle, but that state of the kidneys in Bright's disease which is attended by the separation of albumen from the blood.

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[*] Had Dr. Camplin examined those kidneys with the microscope he would, in all probability, have found sufficiently "decided marks of disease or degeneration."

The odor which asparagus gives to the urine was sought for in twelve patients, viz. in five at Bellevue, and in seven at St. Luke's Hospital. The five Bellevue patients were under the observation of Dr. Chandler, House Physician, who conducted the experiments for me. He gives the following details:—Case 1st, male. Urine was passed one hour after eating the asparagus, and immediately examined, but no odor of the asparagus was detected. The urine was albuminous at the time. Case 2d, male. Urine was voided in about an hour after taking the asparagus, and immediately examined. The peculiar odor was not detected. The urine was *not* albuminous at the time. These experiments were repeated after two days, with exactly the same results. Case 3d, male. Urine passed one hour after eating asparagus was albuminous, but had not the odor from the plant. Cases 4 and 5, males. Urine examined after the same interval, and in the same manner as in the previous cases. The peculiar odor was not detected, and the secretion was *not* albuminous. These last examinations were not repeated.

On the 1st of June, taking charge of the medical division of St. Luke's Hospital, I found seven among the patients who had Bright's disease. These were supplied with asparagus at the midday meal for several days, and the first urine passed after eating it was examined by Dr. Robt. Watts, Jr., House Physician, and myself, repeatedly. The odor of asparagus could never be detected in any, except in that of a woman in whom the affection was very chronic, and the symptoms almost wholly absent at the time of the examinations. In some of the cases, including the one just referred to, no albumen was then discovered, although it had previously been found in all.

The statement of De Beauvais is, therefore, substantially confirmed by these observations, at least so far as it relates to asparagus; and perhaps further examination may substantiate it as fully regarding the turpentine.

It will probably be found on further examination that kidneys in this affection are equally incapable of eliminating the few other odorous principles which are known to appear in the urine of healthy persons after the ingestion of other substances.

If we now turn to the causes of Bright's disease, I think we shall find, that beyond the knowledge of a very few facts, we are still oppressed by uncertainty and doubt. We have probably mastered most of the morbid manifestations that occur during life; and we have studied, with gratifying success, the conditions left after death by these morbid processes. Authors often write as if they were equally well informed regarding the etiology; but as I appreciate it, we know but little that is practical, very little that can aid us either in curing or preventing the disease. This is the true aim and utility of such knowledge.

I have already said the affection is often secondary, that is, it is caused by other diseases. In the greater number of instances adduced to illustrate this fact, we have seen that irritations of the branches of the great abdominal nervous system which are distributed to the intestines, pelvic organs, etc., can, slowly or promptly, according to the intensity of this irritation, induce renal derangement and disease. This may be effected either by a sort of reflex influence from the ganglionic centres, or through the countless anastomoses which bind the nerves of the abdominal, and I may add, thoracic cavities into one system. The condition of the renal nerves thus induced seems to be a paralysis rather than an excitation. From this we can follow the changes in the circulation and tissues of the kidneys to their completion with some degree of regularity.

We have seen that scarlet fever induces a disease which, in its anatomical and symptomatic relations, cannot be distinguished from the most common form of Bright's disease; differing from it, however, in its duration, severity, and curableness. In this exanthem we know of no special lesion of the nerves or nerve centres which can be reflected upon the kidney; and believing that the febrile, gastric, cerebral, and anginal commotions that attend it are excited, at least primarily, by a poisoned condition of the blood, we are naturally led to ascribe the renal changes to the same cause. Whether this poisoned blood acts directly on the kidneys to produce congestion, and the train of changes which follow, or whether the poison acts as medicinal doses of arsenic probably do, upon the nerves first, the congestion following as a secondary result, we may not be able positively to decide. Still, when we witness the nervous agitations which often attend scarlet fever, and take counsel of the few analogies that bear on this point, we shall hardly deny to innervation the intermediate and important office claimed in the latter of these hypotheses. In any view, we cannot reasonably doubt that this "sequela" of scarlet fever has its origin in an unnatural condition of the blood, or, to use a phrase often misapplied, but in this relation apposite, in blood poison.

(*To be Continued.*)

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DIFFICULT OBSTETRICAL CASES.

By GEORGE T. ELLIOT, Jr., M.D.

PROFESSOR OF OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN IN BELLEVUE HOSPITAL MEDICAL COLLEGE, PHYSICIAN TO BELLEVUE HOSPITAL AND THE LYING-IN ASYLUM, ETC.

(*Continued from* p. 88.)

Case XCII.—*Post-partum Hæmorrhage.*

It is my conviction that there is no obstetric accident which can so readily be warded off as post-partum hæmorrhage; and that the burden of proof always rests on the attending physician in accounting for the accident. Very few men, so far as I have seen, thoroughly comprehend that nice manipulation of the uterus after labor which lightly and thoroughly secures co-ordinate contraction of the uterine fibres, avoiding unnecessary roughness and force on the one hand, and neglect on the other. Many men flatten a uterus against the spine, and many a bandage tightly applied over a folded towel has but this effect. It has often occurred to me to be obliged to remove one of these bandages for this reason, and thereby at once relieve the patient from unnecessary suffering and danger. The use of ergot as a prophylactic is also too often neglected.

Mrs. ——, a patient of mine, had a rapid and premature labor at between the seventh and eighth month with her fifth child. I reached the house after the labor was over. When Dr. —— came down stairs to turn the case over to me, I inquired whether he had given any ergot. He replied in the negative, when I begged him to order some before he left, as I did not wish to appear to order anything which he had omitted. He declined, and left, and on going immediately to the bedside I found the patient feeble, with the uterus above the umbilicus. I sent at once for Dr. Delafield, who was in the neighborhood, and having given her a large amount of brandy, turned out a quantity of clots from the uterus, and maintained thorough uterine contraction with ergot and manipulation. But the poor lady had a narrow escape, losing first sight and then consciousness. With the aid of brandy, position, and the expressed juice of beef, she rallied and did well. The child died some seven months after, from invagination of the intestine. The case is narrated as a type of what so often happens, and in the hope that it may aid in the promulgation of the great laws for preventing post-partum hæmorrhage, which have been so pre-eminently laid down by the Dublin Hospital School.

Case XCIII.—*Convulsions.—Urine free from albumen.—Forceps.—Mother and child did well.*

Mrs. B.——, primipara, aged 22, fell in labor in the evening of November 19th, 1861. She had previously consulted me regarding her prospects, and I had made two examinations of the urine, which gave me a good specific gravity and no albumen. No microscopic examination made. She was robust, well built, healthy. Expression of face good, no puffiness. Some œdema of feet. Fingers somewhat swollen, rings removed. Bowels had been freely moved. I examined her on the 20th, and found the pelvis normal, os slightly open, soft parts not much relaxed, well ossified head presenting in the first position. Fœtal heart to the left side. Uterine souffle distinct over the umbilical and hypogastric regions. The pains continued during the day and night with moderate effect, dilatation of os steadily progressing, and its dilatability well marked. 21st, 9 A.M.—The membranes had now reached the floor of the pelvis, when they broke. At noon gave ℥ s. tr. ergotæ, as but little advance was making. At half past two the pains were better, when suddenly she endeavored to raise herself in bed, turned partially to the right, and presented the well marked phenomenon of an epileptiform convulsion, biting her tongue. Gave chloroform immediately, and sent for a consultation. Dr. Thomas and Professor Gilman arrived within an hour, when Dr. T. took charge of the chloroform, and I delivered a living male child, weighing nine pounds, with the forceps. The frontal bone was depressed nearly half an inch below the parietal. The uterus contracted fairly, retaining the placenta entirely within it, and as the cord seemed very full of blood, it was cut just above the ligature, when a larger amount ran from it than any of the consultation remembered to have seen before, amounting according to our estimate to between four and five ounces. Drs. T. and G. now left, and I continued the influence of the chloroform. Some twenty minutes afterwards the placenta had not passed into the vagina, and the fundus uteri relaxed in a curious way without enlargement, giving to the hand the sensation of an extremely thin uterine wall, so I made a more careful examination and found the circular fibres lightly constricted, and the placenta retained as though in a bag with the mouth drawn. Deepening the chloroform, and dilating the cervix, I removed the placenta from the fundus, and after a good dose of ergot permanent contraction ensued. When the binder was on, the chloroform was discontinued, and consciousness returned, but the capillary congestion of the face, which was very marked, had not subsided, as it so generally does under chloroform. Pulse rather rapid and very feeble. Sent for Dr. Ross to apply wet cups to both temples, and had some ℥ v. of blood taken. When the cups were first applied a violent convulsion followed, and this was the last. Tongue saved from being bitten.

26th.—Has done well. Bowels free, lochia good, milk secreted. Urine normal in amount, any little excitement controlled and anticipated by morphia. Dec. 1st.—Has suffered intensely for three days from periodic headache, best marked a little after noon. Quin. Sulphatis gr. x. 2d.—Ears ring, headache relieved. Continue moderate prophylactic doses. Feb. 10th, 1862.—Has done well, nurses her child. The protracted lochia have ceased. Uterus normal. Urine examined by Dr. W. H. Draper. Specific gravity 1009, not albuminous. Nothing under microscope but vesical epithelium. Has since continued well.

Case XCIV.—*Footling Presentation in a Case of Contracted Conjugate Diameter.—Fate of Child.—Mother attacked by Varioloid within the Week,—Did well.*

Mrs. —— was confined for the fifth time, Sept. 28th, 1861. See report of her former confinements in this Journal for March 2d, 1861, Case 39.

In labor fairly at 9 P.M. after fruitless pains for nearly two days. The os was then small and dilatable, membranes unruptured, right foot easily distinguishable. Fœtal heart most distinguishable just above the umbilicus. As the pains had not done much for her, and she complained of fatigue, I gave her forty drops of McMunn's elixir of opium and left. Scarcely had I done so before a violent pain came on with rupture of membranes. In about an hour I returned and found a foot just within the vulva. Thinking that the opium might slow the pains I gave a teaspoonful of the saturated tincture of ergot, but the pains did not slacken, and were strong and frequent. Everything advanced well, both legs and the breech were expelled naturally and without traction. Drew down a loop of cord, which pulsated in a satisfactory manner. Hoping now that, notwithstanding the deformity with which the previous labors had made me so familiar, the labor might be terminated with safety to the child, I placed the patient in the customary attitude for obstetric operations, with each leg confided to an assistant, and with my forceps at hand awaited the result. The left was the posterior arm, and when it came readily within reach, I simply finished disengaging it, no traction being necessary. During this time I kept two fingers of my right hand within the vagina, slightly pressing back the perineum, so that I might guard the cord from pressure below, and feel its pulsations, which continued to be good. Waiting thus for a pain I found that the right arm did not advance, and had to be disengaged from its position, as it was wedged between the head and the right linea ileo-pectinea. After doing this, as the pulsations of the cord were satisfactory and no struggle of the body for breath had occurred, I waited for another pain, and then readily delivered the head without instruments, and with no more than the customary scoop. Confiding the uterus to an assistant, and finding an excellent funic pulsation, I divided the cord, but to my surprise not the slightest effort at respiration took place. Hot and cold baths, slapping, sprinkling, insufflation, assiduous use of Marshall Hall's method, and the allowing of a half teaspoonful of blood to flow from the cord had no effect whatever, and not even a faint effort at respiration ever rewarded my labors, which were unremittingly kept up for forty minutes. All this time the heart continued to beat, though with gradually diminished force, and the pulsations persisted for a few minutes after my efforts were relinquished. The child weighed more than ten pounds, was well formed, free from evidences of injury, with a head quite small in proportion to its body.

The placenta came away readily, and the uterus contracted well. The mother was attacked with varioloid a few days afterwards, and seen in consultation by Dr. Catlin. She did well.

My experience has taught me to dread breech cases, but in this one, which presented no feature in the management which I could improve, *nec temere, nec timide*, the result was one bitter disappointment, and the refusal of a post-mortem another. Certainly there were none of the ordinary causes for death at work. The funis never faltered in its pulsations, the death struggle of the child when partially born, which it has been my lot to see so often, never occurred in this case, and it is not possible for me to account for the death without speculation. A clot on the medulla possibly; but why should this happen without evidences of pressure on the funis, or compression of the head, of which no traces appeared?

THE DISTINCTIONS BETWEEN A VIRUS AND A POISON.

By W. H. THOMSON, M.D.,

MEDICAL REGISTRAR OF BELLEVUE HOSPITAL, AND STATE MEDICAL INSPECTOR.

[Read June 2d before the N. Y. County Medical Society, and published at its request.]

In taking a general view of human diseases, our attention will be arrested by certain very remarkable features, which characterize a large and important class. These features not only ally the different members of the class to each other, but separate them completely from every other order of morbid processes, and it needs but little further examination to perceive that they are not peculiarities only, but essential elements in these diseases, lying at the very basis of their pathology, and which they show by their extraordinary characters to belong to a wholly distinct order of causes. We would enumerate the more prominent members of this class as comprising variola, scarlatina, diphtheria, rubeola, typhus fever, the plague, typhoid fever, cholera, hydrophobia, and pertussis. Yellow fever and erysipelas we would exclude for reasons we will state; while syphilis, with some of the identical features of the family, yet presents others which seem to refuse all relationship with any of its branches. For want of a better title, we have ventured to apply to them the term *virous*, although its Latin derivation implies a poison—the very idea of their nature against which we would protest, as confounding them with a class of agents with which they have hardly anything in common.

In the first place, we are met with the important fact that not one of them are we able to trace, as we can other maladies, to disordered functions of the body, but they are always themselves their own cause. In other words, they are invariably invaders from without; and the human frame can, by no process of its own, normal or abnormal, give origin to them, any more than it can give origin to vegetables or animals. We may go still further and say, that as the living body cannot first generate them, however it may *reproduce* them, neither can any conceivable composition or decomposition of solids, fluids, or gases, be their beginning; for of this truth we have a demonstration no one would gainsay, were it not that some medical theorists have a way of stalking to their conclusions, with a most irresistible contempt for facts. A very few general causes, which have always existed, are made the direct sources of numerous most specific diseases, which have every one of them historic beginnings. In other words, in many countries their origin we know to have been an *importation*, a definite chronological event, and one of the exchanges of commerce or conquest; so that instead of arising from some unlucky mingling of physical elements, they date invariably from a mingling of human beings. The nations of Europe for ages knew no more of scarlatina or small-pox than they did of tobacco or gunpowder, while, on the contrary, the like of pneumonias and rheumatisms—true functional disorders from elemental causes—have been the lot of man ever since Paradise was lost. Their commercial, rather than chemical origin, as well as their first route of travel, is sometimes curiously indicated by their names, for as the names Damask, Calico, and Cologne, preserve the origin of what are now world-wide manufactures, so we speak of a man in Ohio dying of *Asiatic* cholera. This great fact is often strangely ignored by writers who persist in ascribing these modern diseases to causes more ancient than any human tradition; but were it kept more steadily in view, we would no more hear of Irish filth creating typhoid fever, than of Irish soil spontaneously generating potatoes, however luxuriantly both are found in our day to develop about the shanty. No one questions, notwithstanding their disastrous multiplication, that southern acres did not give birth to negroes before 1630; and in the same way precisely, small-pox, measles, and this whole tribe, originated in America, not from dunghills or cesspools, but from *ships*.

That these diseases, which fill the grave with numbers greater than does any other array of our destroyers, and which ever strike down those who are yet far from the natural measure of their days, should have attracted the greatest attention, was inevitable. But we have wondered why it is, that their many wholly peculiar and distinctive characters have served so little with nosologists in forming their classification, or a consistent theory of their pathology. At present, they are generally arranged in text books, according to the more prominent symptoms to which their operation in the system gives rise. Thus, most of them are classed under the head of fevers, some under skin diseases, while hooping-cough and hydrophobia are made to keep company with asthma or hysteria. But if rubeola, for example, is to be classed with malaria, because both give rise to fever, why should not gunshot wounds be joined with them?

But in our view, the pathology of these diseases has been most confused by accepting a few imperfect analogies as indicating a relationship between virous diseases and poisons. First, viruses are classed with poisons, because both come from without the system, and are on that account true morbific agents, operating simply because they have gained entrance, and therefore, generally speaking, it matters little whether they have got into a healthy or unhealthy system. Variola and morphia, the bite of a mad dog and the bite of a rattlesnake, produce results equally disastrous in a prize-fighter as in a consumptive. Both also resemble one another in causing a wonderful disturbance from small beginnings. But perhaps the most effective consideration has been, that the two are equally mysterious, and it follows practically that we must seek the antidote to a virus, or failing in that, must promote its *elimination*, like that of other poisons, by the great emunctory organs.

But let us recal what essentially constitutes a Poison, and apply its well known rules to the equally known characters of viruses, and see how they will harmonize. We begin with the broad fact, that though some, as the vegetable and animal poisons, are organic *products*, yet they are themselves never anything but chemical or physical agents, and purely physical conditions are required for their action, and nothing else. Thus the first law of a poison is, that whether mineral, vegetable, or animal—either a grain of arsenic, of strychnia, or a drop of venom—it needs but a twinkling after it is fairly swimming in the blood current, before the man is poisoned. Whatever the delay, that has not been in action, but in *absorption;* and all its symptoms, whether trivial or fatal, have nothing to do with *time*, when once these agents have reached their destination, any more or less than has the thrust of a bayonet. We have but to instance how the action of arsenic, strychnia, aconite, snake bites, etc., can be delayed or suspended, by a ligature about a limb in which they have been injected, to establish this analogy with simple physical laws. But secondly, if time is not an element in poisoning, *quantity* is, and the operation is directly proportioned to the *amount* introduced. Thus in all cases, no matter how powerful or concentrated the agent, it must be an appreciable and definite quantity to produce a given set of symptoms; so that, for instance, one amount will kill, a less amount will make the patient very sick, a still less quantity will make him less sick, and smaller doses yet are often medicinal. Thirdly, a poison has no variations either of manner, time, or place, in its action, in this also preserving analogies with physical agents. Strychnine of a mild *type*, or a year in which serpents are twice as venomous as in the previous year, or tartar emetic which will vomit only in certain latitudes, are absurdities. Again, as a physical agent, like a bullet for example, kills by its passage, in the same way precisely acts a poison like prussic acid; that is, prussic acid is no more generated in the body which it is fearfully destroying, than are bullets. Lastly, the operation of poisons once over, they leave no *specific* life impress on the system, which rids itself of them the same way that it rids itself of urea or carbonic acid; and should the patient, the following week, get the same dose, he will repeat the same experience, and so on, *usque ad finem*.

Surely we have only to state the essentials of a poison, to feel that at every step we are departing from a virus! Thus at the outset, in irreconcilable contrast with the necessarily immediate action of poisons, we meet in viruses with the significant fact that *their* morbid symptoms are *never* immediate, but on the contrary (and this also is no less important), they require not only a prolonged but a *definite* lapse of time, each particular virus having its own term of development, with the same kind of regularity that accompanies the different stages of vegetable life. It is difficult to find in chemical or physical processes, even the approximation to a principle which will explain this remarkable phenomenon in virous diseases, and therefore pathologists (without often recognising the legitimate bearing of the name) have been obliged to borrow for it a term proper only to the living organic kingdom, namely, *incubation*. We think the choice unfortunate, for it implies in viruses an *animal* life, with which they have but very few analogies, and would much prefer it had been *germination*. Like other servants, words not seldom make a servant of their employer, the mind, and we have suspected that this word, incubation, may have caused the true nature of viruses to be missed, by its directing the mind on the wrong scent, namely, that virous diseases were owing to a vast hatching of little *animals*. A diligent search has therefore been made for the small-pox animalcula, but because neither in that disease nor its congeners have any such things been found, the analogy with organic life in the invariable phenomena of incubation, besides many others no less strong, has been surrendered, the general view reverting to the old idea of a poison.

But what tangible poison is there, which must traverse the circulation some millions of times, for nine, fourteen, or thirty days, before it can act at all? The poison advocate *must* eliminate this troublesome fact before he can harmonize his reflections. But long ere his mental processes have brought this about, he will encounter a series of incompatibles, beginning with one which is even worse than incubation, namely this: Does he, when securing the entrance of a particle of arsenic or other poison, not only expect to wait two weeks before he sees anything more of it, but also expect that his patient will, at the end of that time, have almost turned into arsenic himself, reproducing enough of it to poison all New York? The historian Robertson states that one negro, landed on the coast of Mexico, with a few variola pustules, destroyed three million and a half of people, within a wonderfully short time. Now who thinks of including in the same division of nature, a grain of sand and a grain of mustard seed? There is a transcendent difference between these two. For the grain of sand must remain a grain of sand for ever, but the other grain beside it, begins to go through a series of extraordinary changes—definite, however, in succession, time, and result, which last is, mustard seeds innumerable. Give the original grain infinite opportunities, and it will show it has infinite capacity for such opportunities, and could fill the fixed stars with mustard. But precisely this difference confronts us between a particle of arsenic and a particle of variola crust, and yet shall we consider them like agents to be named alike?

It has been well said that the sublime narrative with which the Bible opens, does not adduce a manifestation of Infinite Power nearly so wonderful as when it represents the Omnipotent giving to the first seed its mysterious principle while the earth stands. Life and Death are wonders, because all physical Nature cannot tell of them a word, but Reproduction of Like from Like is a greater, to which the lesser two owe their very existence; for, without it, physical Nature would soon have the world to itself once more. When we are confronted, therefore, with this great principle, which the profound old Egyptian thought it unlawful to name, we feel at once that we are at an infinite distance from crystallization, cohesion, oxidation, affinity, and all such forces. But it is indisputable that this principle is a leading element in Viruses, for it occurs in them to an amazing degree, and observing closely its invariable law of sequence, to a definite series of changes, occupying definite periods of time, regulated by the articular virus.

For the more we examine these two characters, Incubation and Reproduction (and the no less important one that intervenes—Development or Growth), the surer grows the conviction, not only that they are unmistakably allied to *organic* phenomena alone, but that they settle the whole pathology of these diseases, because they are the only reasons that these diseases are diseases at all. If a drop of variola lymph cannot be reproduced in a man, then he need fear it as little as a drop of molasses. A virus, therefore, is nothing without reproduction.

But reproduction quickly brings up another great feature of viruses; for reproduction necessarily involves propagation, and these diseases must, therefore, from their very nature be *Communicable*. We prefer this word to Contagion, for this latter unfortunate term somehow stirs up some medical minds to fierce hostility to anything with which it has any connexion. But no one surely will deny that Virous diseases are "communicable" if not "contagious," and they are so, because reproduction involves propagation wherever the conditions of the reproducing life are to be found, and viruses find their conditions in animal bodies, and on that account spread from body to body. There is nothing, therefore, inexplicable in this character of Viruses, unless we think of them as *poisons* whose laws are physical. But how can a Virus be a Poison, if it can have no existence without these three elements, incubation, reproduction, propagation, when it is absolutely absurd to talk of a poison, for instance aconite, having either of them in the remotest degree?

(*To be Continued.*)

Reports of Hospitals.

NEW YORK HOSPITAL.

[Reported by John T. Kennedy, M.D., Acting House Surgeon.]

(*Continued from page 121.*)

SUICIDAL WOUND OF THROAT.—GUNSHOT WOUND OF SHOULDER. EXPOSURE OF AXILLARY ARTERY.

Case IV.—*Incised Wound of Throat.*—Abby Connor, 28, Ireland, married, admitted June 10, 1862 (Dr. Parker).—Patient states that immediately previous to admission, being somewhat delirious, she cut her throat with a razor. On admission she was in a state of great prostration, although the hæmorrhage has not been profuse. Pulse at the wrist scarcely perceptible; surface cold. On examination she is found to have an incised wound of the throat, transverse, six inches in length on level with upper margin of thyroid cartilage, and opening into the trachea. The œsophagus is injured. No important bloodvessel is wounded, and patient is able to articulate. Sutures were applied, and cold-water dressing. The cut surfaces united without trouble, and the patient was discharged cured on the 11th day of July.

Case V.—*Gunshot Wound of Shoulder—Exposure of Axillary Artery, and Recovery without Ligature.*—Miles S. Adams, 30, N. Y., Co. A, 3d Michigan Regt., admitted June 8, 1862 (Dr. Parker). Patient states that eight days previous to admission he was wounded by a ball at the battle of Seven Pines. On examination, it is found that the ball entered the anterior aspect of the right shoulder, just below the coracoid process, and came out about three inches below on the posterior aspect of the arm. The track of the wound is still open and secretes a large amount of pus, but there is not much tendency to burrowing. Through the upper wound the axillary artery could be seen pulsating and bare. This fact gave rise to a good deal of anxiety and watchfulness, as it was thought the artery would have to be ligated above in order to guard against sudden and fatal secondary hæmorrhage. But the wound filled up with granulations, and everything progressed towards a favorable recovery.

SOLDIERS' HOME.

(Dr. A. B. Mott, Attending Surgeon—A. E. M. Purdy, M.D., House-Surgeon.)

AMPUTATIONS OF SHOULDER.—DIPHTHERIA.

Case I.—*Gunshot Wound of Shoulder—Amputation; Recovery.*—William Cockefair, private, Co. I, 9th Reg't N. Y. Vol., Hawkins Zouaves, wounded at the battle of Camden, April 19, 1862, by a musket-ball in the left shoulder, posteriorly about an inch and a half below the acromion process of the scapula. The wound was received whilst he was lying on his abdomen, where he had just dropped to avoid a shower of grape and canister. He was able to rise immediately, take his musket, and walk to the field hospital, which was placed about two hundred yards in the rear. There was not much hæmorrhage. Two days after the action he was anæsthetized and the wound probed, but no ball was found. From the time he received the wound he was unable to use the injured arm, and suffered continuous pain: cold water, only, was used as a dressing. On the 4th of May, he was placed upon the hospital transport Eastern Queen, and arrived at this hospital on the 9th of May. Upon entering, the arm was firmly flexed and slung forward on the abdomen; pulse accelerated, and the wound discharging a fœtid and unhealthy pus. The patient continued to suffer intense pain, so that anodynes had to be freely used; and as he was failing, a consultation was held on the 17th of May. The patient being etherized, the opening was enlarged to admit the finger, when it was found the head of the bone was greatly shattered; so much so, that amputation was deemed advisable. The arm was, therefore, amputated at the shoulder-joint on the 18th May, by Dr. Alex. B. Mott, surgeon in charge, assisted by Dr. John J. Crane.

The operation chosen was the double flap, that of Lisfranc, the one now generally adopted. There was little or no hæmorrhage, and the patient rallied well. The day following the operation, the wound discharged a large quantity of pus, and continued doing so for some time. The patient's appetite immediately improved and his strength proportionately, so that on the 15th day after amputation, he was able to walk about the ward, and on the 21st day walk out. The arm was dressed throughout entirely with dry lint. The ligatures all came away on the 10th day.

Case II.—*Gunshot Wound of Shoulder; Amputation, Death.*—Cornelius Regan, private, Co. G, 37th Regiment N. Y. Vol., was wounded at the battle of Williamsburg, May 5, 1862. The ball entered anteriorly a little below the acromion process of the scapula, emerging posteriorly at the spine of scapula, causing considerable hæmorrhage. The wound progressed favorably for a short time, but upon entrance into this hospital, May 14th, there were symptoms of necrosis, and a few days after two large pieces of bone were extracted. Upon an examination of the wound not only was the head of the humerus shattered, but the acromion process and spine of the scapula were both fractured. On the 6th day after admission, symptoms of pyæmia began to show themselves, violent chills, three or four times daily, followed by profuse perspiration. Quinine with an excess of the acid gave some relief, but the wound discharged a very unhealthy pus and his strength continued gradually to lessen, until at length, after a careful examination, amputation was considered the only avenue towards recovery. Amputation at the shoulder-joint was performed on the 31st of May, by Dr. Alex. B. Mott, surgeon in charge, assisted by Dr. John J. Crane. The same method was adopted as in the former case. The operation was completed about 6 P.M., and the flaps filled with an ice-cold sponge. Considerable blood was lost during the operation, because of the difficulty in tying the ligatures, the surrounding tissues being in a very diseased condition. At 10 P.M. the lips of the wound were brought together with interrupted sutures and adhesive straps; stimulants were freely given and cold being applied, the patient was left for the night. In about half an hour, word came the patient had bled to death, and upon reaching him the bed and floor were found saturated with blood. The wound was immediately opened and an effort made to ligate the bleeding vessel, which was found to be the anterior scapular artery, but the ligature had torn away so high up, that it was impossible to reach it. By this time the patient was moribund, and died at 3 A.M., July 1st.

Case III.—*Diphtheria—Death—Autopsy.*—Alden L. Page, musician, Co. E, 2d Reg't Maine Vol., admitted June 25th, 1862, suffering from chronic rheumatism, not having been able to do duty since the battle of Bull Run. About four days after his entrance he began to complain of sore throat, pain upon deglutition The pulse at this time was natural. The next day the throat becoming more painful, an examination was made, when diphtheritic patches were seen upon the tonsils, palate, and posterior fauces.

He was immediately put upon the tonic and stimulating treatment—Quinine gr. iij. every three hours; potassæ chlorat. ʒ ij to aq. ℥ iv; ʒ ij. every fifteen minutes, both as a gargle and internally, and stimulant to the amount of twelve ounces of whiskey daily. The pulse was now about 100 per minute, the respiration was slower, and his countenance assumed a very anxious look, with deglutition still more painful. The treatment was continued, and the stimulants increased to 14 oz., but all to no purpose, as the exudation continued to increase, and respiration was performed with the greatest difficulty. The last forty-eight hours there was complete aphonia and a flapping sound upon expiration and inspiration, as if the membrane were loose in the trachea. At this time the exudation covered the tonsils and palate, and seemed to extend far down into the air passage.

It should be mentioned, there were in the same ward with this patient thirty-four others, suffering from miasmatic fever, chronic diarrhœa, etc. The question very naturally arose concerning contagion, and it was determined to let him remain, care being taken to thoroughly cleanse all articles in use. Respiration now became very labored, and it was with the greatest difficulty he breathed at all; his sufferings were intense. His countenance assumed a still more anxious appearance, and symptoms of asphyxia now began to be noticed. At length he gradually sank away, dying on the evening of the fifth day after the commencement of the disease.

Autopsy, Twelve Hours after Death.—An incision was made in the course of the trachea, and the fauces and trachea down to its bifurcation with the bronchi were removed. Upon laying it open, a membrane of one-sixteenth of an inch in thickness was found to cover the entire inner surface of the air passages, extending down into the third ramification of the bronchi.

Progress of Medical Science.

EFFECTS OF THE FUNGI OF WHEAT IN THE PRODUCTION OF MEASLES.

Dr. J. H. Salisbury, of Newark, Ohio, has contributed a very interesting paper on the connexion of measles with the inhalation of the spores and cells of wheat straw. After some general remarks on the character of vegetable fungi, he relates the following case:—

"Hon. J. Dille, of Newark, Ohio, came to my office on the evening of the 9th of December last, and stated that he was just recovering from what he believed to be an attack of measles. It was his opinion he had caught them from pitching straw from an old stack. He stated that on December 4th he pitched from an old stack a load of straw, and unloaded it in his stable. Portions of the stack had become partially decayed, and were already steaming with the heat of incipient decomposition. In pitching over and picking out the best straw the air became filled with a fine dust, which he freely inhaled. The dust tasted and had the odor of old straw. This took place during the forenoon. His throat soon began to feel dry and irritated. When he returned to dinner, he could still taste and smell the old straw. This taste and smell he could not get rid of. During the following night he awoke with a very sore throat, which became much worse by morning. After getting up and dressing he was taken with a severe chill, with pains in the head and back, and felt so sick and prostrated that he was compelled to return to bed again, where he remained through the day. The chill was followed by a high fever and severe pains in the head, so much so that a portion of the time he was delirious. He felt a heavy congested feeling about the chest, his throat and fauces were swollen and inflamed, with severe catarrhal symptoms. An eruption like that of measles appeared on his face and neck, and the *old straw* taste still continued. His fever continued high through the following (Thursday) night, with severe pains in the head.

"Friday, December 6th, he felt much better, and was able to be up around the house. The fever and catarrhal symptoms had partially subsided. His eyes were sensitive, watery, and inflamed.

"Saturday, December 7th, felt much better. The eruption had passed downwards over the whole body, and had begun to disappear from the face. He rapidly recovered, so that on Monday, December 9th, he was moving about the streets. In the evening of the 9th he called at my office. His eyes were still red, inflamed, and sensitive; throat sore, dry, and voice hoarse, and had a heavy congested feeling still about the chest. The blotches on his face could be faintly distinguished. He stated that he could still taste the old straw in his throat."

On the same day (Dec. 4th) that Mr. Dille exposed himself to the straw dust, the measles first made its appearance in the military camp at Newark. It is interesting in that connexion to take into account the following facts:—From the 23d to the 30th the weather was cool and damp, with considerable rain and snow. On the 1st of December snow fell to the depth of an inch; on the 2d inst. the weather became quite warm, and the snow melted. Again the bedticks for the soldiers to sleep upon were stuffed with straw and near a fire. Here were present all the conditions requisite for the formation of mould upon the straw, viz. organic decomposition, heat, and moisture, and here were also visible the effects of the exposure of the men to such influences—nor could the disease be traced to any other source. The men came from different parts of the country, and had neither been exposed previous to enlistment, nor afterwards, to the contagious influence of the disease.

On the first day of the appearance of the fever there were eight cases, and within a week after there were forty. The disease then disappeared for ten or twelve days from its first appearance. Between the fourteenth and fifteenth day the disease again appeared, due no doubt to the exposure to contagion. Dr. Salisbury asserts that in almost every instance where camp measles exists the beds of the soldiers will be found filled with straw. As further illustrating the effects of the inhalation of the dust of wheat straw, several farmers stated at a recent meeting of the "Farmers' Club" in that place, that it was very common after threshing wheat for persons to be taken with severe chills, followed by a high fever, catarrhal symptoms, and an eruption upon the face.

With these observations before him, Dr. S. deemed the subject one for further investigation, and accordingly procured the fungous growths of wheat, and the dust rising from them when agitated, for microscopical examination. The straw used for this purpose was taken from the camp beds, from Mr. Dille's stable, and from stacks in the field. The mould consisted of cells, spores, and sporangia, each element existing in greater or less quantity according to the amount of decomposition which the straw had undergone. He then took clean white straw, free from fungi, packed it firmly in a small wooden box, wet it with a small amount of cold well-water, and placed it with the lid firmly secured near the stove in his office, subjected to a temperature of from 60° to 75° Fahr. Twenty-four hours after, the box was opened, and the centre of the straw was found covered with a mould, and when the mass was agitated a fine dust of spores and cells was disengaged. This, when inhaled, had the odor and taste of old straw. Again the straw was moistened and subjected to the same influences for forty-eight hours, with the effect of increasing the formation of the fungi, and rendering the proportion of sporangia greater. The doctor then conceived the idea of inoculating himself, and makes the following statement of its effects:—

"At 10 o'clock P.M., Feb. 11th, 1862, I inoculated my arm with the spores and cells of the fungi of wheat straw, which I obtained by placing a straw—covered with the plants—on a plate of glass and hitting it with a few slight taps. On removing the straw, under and both sides of it was a white cloudy band, about one-third of an inch wide, running across the glass. These spores and cells lay so thick on the glass, that, to the naked eye, they seemed to touch each other. The straw from which I obtained these cells came from a stack near this place, and was the same kind of straw as that used for beds at the camp. Under the microscope the fungi presented the same appearance, and the cells disengaged in agitating the straw were precisely similar.

"Wednesday, Feb. 12th, perfectly well. No inflammation or itching around the point of inoculation.

"13th. Slight nausea. A very slight redness and itching at inoculating point.

"14th. Got up with a feeling of lassitude and nausea, which continued all day. The redness and itching of inoculating wound increasing; had difficulty in keeping warm; chilly all day; occasional sneezing; eyes sensitive; had a peculiar feeling about the scalp, as if red pepper or mustard had been rubbed into the pores.

"Saturday, Feb. 15.—Nausea and lassitude continue; occasional sneezing; flashes of heat over the whole body; itching and inflammation of the wound on the arm increasing; thoughtlessly rubbed off the scab, which was about three lines in diameter. The peculiar smarting, burning, congested sensation over the whole scalp, has increased since yesterday. It extends into the bone, with pains through the forehead and temples. A few blotches have made their appearance on the face and neck. Eyes weak and inflamed, so much so that I could not use them to read over half an hour during the evening. A heavy oppressive feeling about the chest; mucous membrane of fauces and throat dry and irritated; feel as if I had a cold.

"Sunday, Feb. 16.—Had a sensation of weariness and drowsiness, with nausea, all day. Eyes red, inflamed, and sensitive; smart, so that I cannot use them to read by gaslight. Whole scalp feels sore, with a constant, congested, burning sensation all through it to the bone. Arm itches; redness as large as a dime. A heavy congested feeling about the chest; have had more or less fever since Saturday morning. Throat and fauces dry and swollen, and voice hoarse. Pains in back and head have been almost constant since Friday last.

"Monday, Feb. 17.—The burning sensation of the scalp still continues. Eyes weak and inflamed; cannot use them long at a time, without pain. There is still slight fever and nausea.

"Tuesday, Feb. 18.—Nausea; face feels as if it had been exposed to the heat of an open fire till it had become inflamed. The peculiar burning soreness of the scalp is somewhat relieved. Eyes still sensitive; catarrhal symptoms and fever less than yesterday.

"Wednesday, Feb. 19.—Very much better; the soreness of scalp almost entirely relieved; blotches and redness of face disappeared; catarrhal symptoms and fever gone; eyes quite well."

A second inoculation of himself on the evening of the day of recovery produced no effect save a slight sensitiveness of the eyes. Next his wife was inoculated, and substantially the same constitutional symptoms were produced. He next inoculated a healthy boy, six years of age, who had been exposed to measles by contact with the disease. The fungi were grown in the office, and were introduced under the skin seventy-two hours after exposure. On the second day, there was redness of the skin about the size of a dime. This was preceded and accompanied by slight catarrhal symptoms. These subsided without any bad effects. In the course of ten days he was perfectly well, and at the time of reporting the case forty-two days had passed, and no signs of measles had yet made their appearance. This procedure was adopted in thirteen similar cases with like results.

The inoculation produces a simple measle blotch around the wound, and is only attended with a slight itching sensation. Dr. S. makes the following remarks in conclusion:—

"I have not been able to distinguish thus far any difference between the eruption and attendant symptoms of genuine measles and 'camp measles,' or straw measles. When the disease is communicated to the human subject, however, by inhaling the spores and cells of straw fungi, the eruption appears to follow the exposure or inhalation in from twenty-four to ninety-six hours; while in exposures to the contagion of the disease, the eruption does not usually make its appearance until from eleven to fourteen days thereafter. It is stated that in inoculations made by using matter obtained from the measle blotch, or by using the tears, blood, or salivary secretions of subjects broken out with the disease, the modified type of measles which results, makes its appearance generally on the sixth or seventh day after the inoculation. In inoculating, however, with the spores and cells of straw fungi, the symptoms commence usually in about twenty-four hours; though sometimes they do not make their appearance till as late as seventy-two hours thereafter.

"This matter, however, requires further investigation before fully reliable statements can be made.

"To what extent inoculation with straw fungi may prove effectual in protecting the human system against the contagion of measles, can only be settled by careful and extended experiments."

American Medical Times.

SATURDAY, SEPTEMBER 6, 1862.

VOLUNTEER SURGICAL AID.

During the progress of this sanguinary war the medical profession in civil life has frequently been called upon for aid in times of great emergency. Commencing with the battle of Bull Run, there has scarcely been a clash of arms which has not summoned practitioners from their private pursuits to the temporary aid of their brethren of the army. The battle-fields of Fort Donelson, Pittsburgh Landing, and others in the West, drew largely upon the profession of the western States. So, also, throughout the entire campaign of the Peninsula, the medical profession of the northern and eastern States contributed largely in aid of the medical service of the army. And that aid has always been cheerfully and promptly given, though gratuitous, and often at a great personal sacrifice. Many of the oldest and most reputable surgeons engaged in large business have responded to the call, and given their time and services to the country. In this generous devotion to the public interest and the welfare of the suffering soldiers, the medical profession acts with characteristic patriotism and humanity. But these acts of self-sacrifice, like the gentle ministrations of charity, are unseen and unacknowledged, except by the recipients of the benefactions. They are, however, none the less important, and will some day largely swell the sum-total of the people's patriotic services.

Another appeal for voluntary aid has come from the battle-field to the medical profession, and the response has been equal to the demand. If a thousand surgeons did not arrive at Washington within thirty-six hours of the issuing of the call, as reported, a sufficiently large number assembled, according to the announcement of the Surgeon-General, to meet the wants of the service. Such generous enthusiasm should find its appropriate reward in large opportunities to succor the wounded, and in multiplied methods of relieving human suffering. But it is an important question how far the voluntary services of the profession are, under these circumstances, made available; in other words, is there not a large amount of misdirected effort on the part of volunteer surgeons which a well digested system would render useful?

The answer to this inquiry will appear, if we consider the nature of the duties which they are called upon to perform, the qualifications requisite to their proper performance, and the class of persons who respond to the call of Government. The service required of the medical staff on the battle-field is entirely surgical; and the exigencies of that service require the highest order of talent and the largest experience for its proper performance. The surgeon has to determine some of the nicest questions in surgery under circumstances the most difficult and perplexing. On his decisions, thus hastily formed, rests the safety of the patient's limbs, and often his life. Knowledge and experience, alone, can give him the proper qualification for this duty. Again, operative surgery enters largely into the duties of the surgeon on the field. Here experience is of the utmost importance to a proper discharge of duty. The surgeon is required to select the best operation for the case in hand, and to perform it with dexterity. There is no time to be lost in the manual part, but with the utmost dispatch the operation should be completed, the wound dressed, and the patient removed. To accomplish these objects properly, nothing but practical familiarity with the manual exercise of the operative surgeon can suffice. It is evident, therefore, that the duties required of those who go to the field to aid the medical staff of the army during or immediately after a great battle, are of the highest surgical importance; and that for their proper performance the highest surgical ability and experience are requisite.

But it must be admitted that the class of persons who volunteer for such service are not always, if, indeed, they are in a majority of instances, qualified to discharge the duties which we have briefly noticed. Large numbers of practitioners, influenced by patriotic and humane feelings, but who have no knowledge of surgery or practical experience, obey the summons. Others from mere curiosity accept the gratuitous transportation of Government, and heedlessly seek the scene of conflict. Still others, who are aspirants for surgical distinction, but who have never had an opportunity for practice, especially in operative surgery, rush frantically to the battle-field as the great theatre where they may operate without stint or hindrance. On every field where a sanguinary battle has been fought these different classes of volunteers have been found, and the results which have followed have been deplorable. The unnecessary sacrifice of limbs, the failure to perform proper and necessary operations, and the injury needlessly inflicted in the search for missiles, are the legitimate results of the labors of such incompetent surgeons.

A new campaign has commenced, which promises to be more sanguinary than the last; and among the errors of the past which we desire to see corrected is that of volunteer surgical assistance. That surgeons in civil practice will be frequently required to aid their brethren of the army in great emergencies, there can be no doubt. Nor can there be a doubt that by a proper system the best surgical talent of the country can be commanded and rendered available at the moment when there is the greatest necessity. An organization which would most perfectly accomplish this purpose would recognise in every state certain surgeons, whom the Surgeon-General should be authorized to call into the service at his discretion. Such surgeons should select three, four, or five assistants, who should always accompany them to the scene of action. A single qualified surgeon, with ample assistance, would thus accomplish more and to a better purpose, than a score of men gathered up without regard to their qualifications.

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THE WEEK.

The British Medical Association, an organization not unlike the American Medical Association, publishes a medical periodical, which is furnished gratuitously to the members who pay their annual dues. The income of the society is about $14,000, and the cost of the journal about $13,500. The periodical, the *British Medical Journal*, is very ably conducted, but, nevertheless, ever since its establishment it has been a source of discord. The association had, during the first years of its existence, published an annual volume of *Transactions*, which formed one of the best serial publications emanating from the British professions. We desire to call the attention of those members of the American Medical Association, who have encouraged the establishment of an organ of that body, to this example of a large society expending a sum of money which would issue half a dozen volumes of the size of the American *Transactions*, upon a journal which tends rather to alienate than unite its members. The inevitable result of such diversion of its funds and purposes would be the ultimate destruction of the Association.

Europe has had a large number of voluntary Congresses during the past year, and two still remain to be held, viz:—The British Association at Cambridge, and the International Association for the Promotion of Social Science, at Brussels. At the latter the following questions are proposed for discussion in the Section on Public Health.

"1. Does not the improper and insufficient diet of the working classes contribute to the increase of pulmonary consumption?—remedies for this evil. 2. Drainage as a sanitary measure, particularly amongst dense populations—can it altogether extirpate endemic diseases? 3. Scrofulousness of children in foundling and orphan hospitals—ought not country and maritime situations, which are less subject to scrofula, to be selected for such establishments? should not general orphan hospitals be founded on the plan of the reformatory schools at Beernem and Ruysseleede? 4. Danger in consanguineous marriages—should the legislative prohibitions of them be extended?"

At the recent meeting of the *British Medical Association*, Dr. Cutler, of Mass., introduced the American method of applying extension in the treatment of morbus coxarius. He described Dr. Davis's and Dr. Sayre's splints, but did not exhibit them, as he had no authority from the inventors. It is to be regretted that Dr. C. did not more thoroughly develop, with the aid of the instruments, this plan of treating hip-diseases. As yet this disease is treated, in France and England, by the old methods.

A large number of medical gentlemen left this city on Saturday evening, in obedience to a call from the Secretary of War upon Mayor Opdyke for surgical assistance. We learn that they have organized into a working body numbering forty, with Drs. Detmold, Stone, and Halstead as an executive committee, and have been assigned to the Capitol building and grounds, where beds have been arranged.

Reviews.

Transactions of the Medical Society of the State of New York, for the year 1862. Pp. 567.

The present volume of *Transactions* is, in many respects, the most creditable yet issued. The papers are in general more elaborate and more thoroughly finished than usual. The typography is excellent, and the freedom of the text from errors will impress every one who is accustomed to examine critically this annual volume. For the good appearance of the *Transactions*, as well as for one of its most interesting papers, the Society is under lasting obligations to its indefatigable Secretary, Dr. Sylvester D. Willard, of Albany. We can but commend the unwearied patience of Dr. Willard, and his generous devotion to the interests of the Society. He has for several years gratuitously edited the *Transactions*, and by perseverance gradually brought them from a thin and execrably printed pamphlet, to the present large and elegant volume. Many of the papers have already appeared in pamphlet form, and have been noticed in our columns. The remainder are for the most part well written, and creditable to their authors. We shall notice some of them more at length hereafter.

A Descriptive List of the Microscopical Specimens illustrating Seven Lectures on the Structure and Growth of Tissues, etc. By Lionel S. Beale, M.D., F.R.S. April—May, 1861. London: Churchill, 1861, pp. 16.

This pamphlet contains, as its title indicates, several colored plates, and a descriptive list of the microscopical specimens illustrating the author's lectures.

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Small-Pox amongst Sheep.—At Allington, in Hampshire, about six weeks since, a disease of a most virulent character appeared among the flocks of Mr. Parry, and spread with fearful rapidity. The first symptoms of the disease were, a staggering gait, slight fever, and swollen eyelids; red spots subsequently appeared over the whole body; these assumed the character of the pustules of ordinary small-pox, followed by malignant ulceration, which emitted a thin offensive matter. The mortality was truly frightful. Diligent inquiry failed to elicit the cause of the outbreak; it was found impossible to trace it to contagion. No one in the locality had ever witnessed a disease of this type, and Mr. Parry, in his dilemma, applied to Professor Simonds, of the Royal Veterinary College. This gentleman immediately pronounced the disease to be small-pox, and, with his accustomed energy, set to work to arrest its ravages. On Saturday last he completed his inoculation of the lambs, originally 700 in number, having a few days previously inoculated the ewes, which amounted, at the time the disease showed itself, to 1000. We are happy to say that the mortality is already much upon the decrease, and we shall look forward with great interest to the ultimate comparative results of the natural and inoculated disease among the animals. This cannot be accurately known for two or three weeks. The subject is one of extreme importance, not only to the owners of sheep, but to the public in general.—*Lancet.*

Correspondence.

FOREIGN CORRESPONDENCE.

LETTER X.

By PROF. CHARLES A. LEE.

BOARD OF WORKS—SEWERAGE.

London, July 15, 1862.

Having received an invitation from the "London Metropolitan Board of Works," to accompany the officers and members of the vestry of the different parishes in London to view their main drainage works, I joined a party this morning, and in carriages reached the works at Old Ford, several miles below the city, near the Bow station, on the North London railway, and opposite Woolwich.

I may premise, that the old sewers of London have been, for years, incompetent to perform the office for which they were assigned; not only this, they became an unwholesome, dangerous, and often fatal nuisance; poisoning the river, and causing a most offensive effluvium. So intolerable did this become, that during the hot summer of last season thousands of tons of lime were thrown into the Thames near Putney bridge, just at the turn of the tide, so as to act as a disinfectant. A beneficial effect is said to have been produced, but by no means adequate to counteract the deadly miasm. You are doubtless aware, that a large proportion of the ground on which London stands is so low, that the drains in connexion with the houses empty themselves into the river at a level considerably below high water mark. In some places the outfall is so low, that it is stopped by the tide for sixteen hours out of the twenty-four; in other places it is still worse, the stoppage continuing for twenty hours out of twenty-four. During all this time, the sewers in these localities are a sealed up mass of waste matter, which, accumulating with its own flow, and being forced back by the rising tide, not only sends out immense volumes of fœtid effluvia into the streets and dwellings, but frequently overflows with fluid filth into the cellars, basement floors, and low garden grounds of the more densely crowded districts. The health of these neighborhoods, of course, suffers in proportion, and thousands annually sicken and die of cholera, fevers, and bowel affections, who would enjoy good health, could they but breathe a pure atmosphere. Those drains, moreover, are quite unsafe to enter, many having perished who have ventured to enter them. In some cases, the refuse from factories and chemical works has filled the culverts with carbonic acid gas. Besides all this, during rainy seasons and in sudden floods, the existing drainage was entirely insufficient to carry off the water.

The carrying out an effective system of drainage has been under the consideration of Parliament at various times since the year 1848, and the present plan, the execution of which has been committed to the Metropolitan Board of Works, appears to comprise the best medical suggestions of scientific men most acquainted with the subject. From the circumstance that so large a proportion of the area of London lies so low as to be near the level of the Thames, or even several feet below it, it is impossible to drain the whole surface effectively without finding a much deeper level than the river presents. For all these low-lying districts, therefore, main sewers at a very low level are in course of construction on both sides of the river; and from these low level sewers the contents are to be pumped up by powerful stationary engines into the higher sewers, to be discharged into the Thames some fourteen miles below London bridge—so far from the Metropolis as to leave it unpolluted: or into reservoirs for deodorization and the formation of fertilizing manures. But, wherever the ground is sufficiently elevated to allow of it, the main sewers are constructed on levels high enough to render the drainage self-acting, so that pumping will not be necessary. The new system of drainage, now being prosecuted, extends twelve miles from Charing Cross in every direction, embracing an area twenty-four miles in diameter and seventy-two in circumference. In order to secure a sufficient inclination, some of the new drains dip gradually to a depth below the main tunnels, before they join them; and where this is the case, pumping stations are erected, and the sewage pumped up into the outfall drains, as fast as it accumulates. Provision is also made for storms and sudden falls of heavy rains, by outlets communicating with the river. I may remark that under the present system over fifty-two million gallons of sewage are now daily poured into the Thames.

The main drainage scheme was commenced in February, 1859, and out of the estimated cost, £3,000,000, works to the amount of £2,000,000 are now under contract, some of which are completed, and most of them are in a rapid state of completion, embracing about fifty miles of main intercepting sewers, of which thirty-four are now completed; mostly underground, but in some places above it, crossing alternately over and under navigable rivers, railways, canals, and roads, and including pumping stations, aqueducts, pen-stocks, tide-flaps, and other appliances. I should have stated that the whole area on each side of the Thames has been divided into three levels, and the sewage is carried as far as practicable from the two upper levels by gravitation, while that from the low levels is raised by pumping, by which means the low districts will become as dry and as well drained as the upper districts, and the waters of the upper will no longer inundate the lower districts. Moreover, although the sewage from the main drains enters the Thames fourteen miles below London bridge, it is to be discharged during the first two hours of the ebb tide only, the period of discharge being restricted to those hours, because thus the sewage would be deodorized and diluted by a volume of water twenty times greater than that which now dilutes it at London; and because each ebb tide would, in returning to the sea, convey it to points twelve miles below the outfalls, or twenty-six miles below London bridge, through a constantly enlarging flood.

On arriving at the river Lea at Bow, I was surprised to find about one thousand gentlemen representing the various vestries of the parishes of London on the same errand as myself. After examining somewhat the northern high level sewer, which extends for a length of nine miles from Hampstead to the river Lea, we descended into the northern outfall sewer, which enters the Thames over four miles distant at Barking creek, and consisting of double and triple lines of sewer, each ten feet six inches in diameter. This is a most magnificent work, progressing rapidly, though not completed, crossing great marshes, where the foundation had to be laid twenty-five feet below the surface, and concrete filled in to form a solid embankment for the reception of the brickwork, for a considerable part of the way. We walked through a mile and a half of the portion of the sewer which is completed, admiring the solidity and beauty of the structure, the interior being well lighted with candles throughout; when we again emerged into daylight, and after examining the river aqueducts to convey the sewage over the rivers and railways, the tunnel under the Eastern Counties Railway embankment, and the culverts for carrying the marsh drainage under the sewer embankment, etc., we mounted a long train of gravel cars, and were soon set down on the banks of the Thames, where a generous *dejeuner* was waiting for our refreshment. Here under a tent of some two hundred feet in length, we found five tables extended the whole distance, and loaded with substantials and delicacies, not omitting a generous supply of ale and stout. These matters having been duly despatched, the usual toasts drunk, and speeches made, we embarked on board our steamer and steered direct for Deptford, adjoining Woolwich. Here we penetrated to a depth of some thirty feet below the surface, and entered the grand southern low level sewer, which is about twelve by fifteen feet, ovoid as usual. After walking through this about half a mile or more, we came to the Deptford pumping station, and here, nearly forty feet below the surface, one thousand voices united in the grand chorus "God save the Queen."—The reverberations were like thunder to the ear, and seemed as if they would never cease. There was excitement as well as sublimity in the scene. Here four stationary engines of nearly two hundred horse power each, are placed, to pump up the sewage to the "Southern High Level Sewer."

But I must reserve further remarks on this subject to a future letter. I have written enough to give some idea of the magnificent work here in progress, which if it do not surpass, certainly equals any similar work ever executed at any period of the world, or by any people.

Army Medical Intelligence.

COMPLIMENTARY LETTER TO DR. SWINBURNE.

[The following complimentary letter from Surgeon-General Vanderpoel, of the State of New York, to Dr. Swinburne, of Albany, is a well merited testimonial to the patriotism and self-sacrificing spirit of the latter in the cause of justice and humanity. It will be remembered that Dr. Swinburne was a volunteer surgeon, and had charge of the hospital at Savage's Station, where he remained with the wounded until taken prisoner and conveyed to Richmond.—Ed. Med. Times.]

State of New York,
Surgeon-General's Office,
Albany, Aug. 5th, 1862.

Sir:—I am requested by His Excellency, Gov. Morgan, to express his high appreciation of the services rendered by you while serving with the Army of the Potomac as Medical Superintendent of the forces from this State, and acting Assistant Surgeon of the U. S. Army, and to return you thanks for the same.

An expression thus officially made, is not intended as invidious to the noble corps of volunteer surgeons, who so promptly and faithfully gave their time, their energies, their professional abilities, and in some instances their lives, to ameliorate the sufferings of the wounded, but that the position in which you were placed by the authorities of the State, the peculiar circumstances which resulted therefrom, and the manner in which you conducted yourself both professionally and as the representative for the time of your government, call for, as it is most cheerfully bestowed, the commendation and approval not only of the constituted authorities, but of a whole community, who have watched with vivid interest the responsibilities, privations, and labors, to which you were subjected.

As the head of the State Medical Bureau, I cannot forego the opportunity of thanking you for the bright example your labors have furnished of conservative surgery upon the field of battle. Had you merely, in the performance of your labors, done all which humanity demands, you would have merited the compliment proffered; but to that you have added the exercise of high professional skill. When in a hospital of two thousand sick and wounded, you amputated less than half a dozen limbs, but strove rather to save by exsection, you illustrated and carried out the views of the most intelligent of the profession.

Wishing you, in your safe return to your family and friends, the enjoyment of a well merited confidence, I am, with respect,

Your obd't servant,
S. Oakley Vanderpoel,
Surgeon-General.

John Swinburne, Esq., M.D.

INSTRUCTIONS OF THE SURGEON-GENERAL OF THE STATE OF NEW YORK TO INSPECTING SURGEONS.

State of New York,
Surgeon General's Office,
Albany, August, 1862.

Sir:—I enjoin upon you the utmost care and vigilance in the inspection of recruits.

In view of the large bounty now offered by the Federal and State authorities, numbers of incompetent men will present themselves.

As your position in the regiment has been made independent, you will not be influenced by the solicitations of officers desirous of rapidly completing their companies.

In any instance where it can be shown that an unsound recruit has been accepted through negligence on your part, the whole expense of bounty will be deducted from your pay, by reporting the fact to Washington.

Respectfully yours,
[Signed] S. Oakley Vanderpoel,
Surgeon-General.

———, M.D., Surgeon ——— Regt.

State of New York,
Surgeon-General's Office,
Albany, July 15th, 1862.

Medical Officers of Regiments, when inspecting recruits, will particularly examine in relation to the following points:—

1st. The recruit is to be stripped naked, and the condition of all the joints to be noted. See that hearing, vision, and speech are perfect; also that there is no wound of the head to impair the faculties, or cause convulsions.

2d. Whether there is any evidence of pulmonary disease.

3d. Any disease of the heart.

4th. Hernia, chronic difficulty of the bowels, no fistula or troublesome piles, large or painful varicocele, or varicose veins which extend above the knee, or present traces of old ulcerations.

5th. The following also are disqualifications: The loss of either phalanx of the thumb or forefinger of the right hand; the loss of any two fingers on either hand; the loss of the great toe; also chancre, or marked constitutional syphilis.

6th. Any other marked physical imperfection which would unfit for active service.

7th. Conform to General Order 52, current series from the Adjutant General's Office, in the manner of return.

8th. The following extract from General Order No. 75 of the War Department will also be strictly observed: "Recruits will be sent to the regimental rendezvous at least as often as once a week, where they will be immediately examined by the Surgeon of the regiment; and if found unfit for duty, by reason of permanent disability, will be discharged from the service forthwith by the Surgeon, who will report such discharges to the Adjutant-General of the State, and also to the Adjutant of the regiment, noting particularly those cases where the disability was obvious at the time of enlistment."

Report to this Office, on Saturday of each week, the number of men inspected, the number accepted, together with the name of the officer commanding each company.

No bills of expenditure of any kind connected with the Medical Department will be allowed.

Medical Officers will be held to a strict accountability to the above requirements.

S. Oakley Vanderpoel,
Surgeon-General.

SPECIAL ORDER.

Assistant Surgeon-General's Office,
St. Louis, Mo., August 29, 1862.

SPECIAL ORDER NO. 7.

The withdrawal of Surgeon Charles McDougall from the position of Medical Director of this Department, renders necessary the appointment of an officer of rank and experience to assume his duties. Surgeon MADISON MILLS, U. S. A., is selected for this position.

His supervision will extend over the army of the South-west, the army of the Tennessee, the army of the Mississippi, and the army of the Ohio.

Medical Directors of these armies will make the reports and submit the information heretofore required by Surgeon MCDOUGALL to Surgeon MADISON MILLS, in conformity with instructions which will be issued by him.

[Signed] R. WOOD,
Assistant Surgeon-General.

ASSISTANT SURGEON-GENERAL'S OFFICE,
ST. LOUIS, MO., August 30, 1862.

The following circular from the Medical Department of the West has been sent to the Adjutants-General of the following States: Michigan, Indiana, Illinois, Kansas, Minnesota, Wisconsin, Iowa, and Missouri; also to Brig. General SCHOFIELD, and to the Adjutant-General of the Department of the Ohio:—

ASS'T SURGEON-GENERAL'S OFFICE,
ST. LOUIS, August 28, 1862.

SIR:—I have to inform you that purveying depots, for the supply of hospital and medical stores, instruments, &c., for the permanent equipment of new regiments for field service, have been established at Chicago, St. Louis, and Cairo.

Requisitions for such supplies, signed by the senior medical officer, should be forwarded to this office for approval at least one week before the departure of the regiments, in order that the supplies may be ready for issue on their arrival at, or in the vicinity of, the cities in which the depots are located.

Temporary supplies, needed during the organization of the regiments, can be obtained from local sources.

It is respectfully recommended that regiments organized for the Field, should have their full complement of Medical Officers: one Surgeon and two Assistant Surgeons.

Very respectfully, your obedient servant,
(Signed) R. C. WOOD,
Assistant Surgeon-General.

Medical News.

BOYLSTON MEDICAL PRIZE QUESTIONS.—At the annual meeting of the Committee on Wednesday, August 6th, a premium of Sixty Dollars, or a Gold Medal of that value, was awarded to FRANCIS MINOT, M. D., of Boston, for the best dissertation on the question: *On Nausea and Vomiting, as symptoms, under what circumstances do they occur, and what indications do they afford as to the seat and character of disease?* The following are proposed for 1863:—1. *On Trephining the Skull for Injury or Disease.* 2. *On Leucocythæmia.* Dissertations on these subjects must be transmitted, post paid, to Edward Reynolds, M.D., *on or before the First Wednesday of April*, 1863.

The author of the best dissertation considered worthy of a prize on either of the subjects proposed for 1863, will be entitled to a premium of *Ninety Dollars*, or a Gold Medal of that value. The following questions are proposed for 1864: —1. *On the Treatment of Fractures without Splints.* 2. *The Remittent Fever now prevailing in the U. States Army.* Dissertations on these subjects must be transmitted as above, *on or before the First Wednesday in April*, 1864. The author of the best dissertation considered worthy of a Prize for 1864, will be entitled to a premium of *Ninety Dollars*, or a Gold Medal of that value.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within which shall be inclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached. The writer of each dissertation is expected to transmit his communication to the Chairman of the Committee, in a legible hand-writing, within the time specified. All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

OBITUARY NOTICE.—At a meeting of the Surgeons of the Hospital at Evansville, Ind., held on the 25th August, 1862, at the office of Dr. DeBruler, to take measures for paying proper respect to the memory of their deceased brother officer, Dr. I. N. MYERS, late Resident Surgeon of Hospital No. 2, Dr. J. P. DeBruler was called to the chair, and Dr. W. D. Turner appointed Secretary.

A committee, consisting of Drs. Wirtz, Temple, and Jeancon, was then appointed to express the sense of the great loss the Hospital corps of this city, and the profession, has sustained in the sad event. The following report was adopted and ordered to be published, and manuscript copies sent to the friends of the deceased:

It has pleased Providence to remove from among us one of the most gifted and beloved of our number. Dr. Myers was a young man of rare promise. With large perceptive faculties, a ready and discriminating judgment, and a powerful memory, he combined the severest habits of study, which rendered him, even at his early age, distinguished among his fellows.

His devotion to his profession was unbounded,—his days were passed in the sick-ward and the dissecting room—and his nights devoted to the collation of his observations and the study of the best authors. But this self-imposed labor, the earnest of future fame, was too much for his feeble body, and was the cause of cutting short a life so valuable to science and so dear to us all. So fine an intellect, so good a heart, so noble a man, is a loss not only to his profession and his friends, but to society; and so excellent an example of entire devotion to the cause of suffering humanity, cannot be too long remembered. He did not die upon the battle-field—but by the side of those who had risked their health and lives in the nation's cause, he imbibed the fatal poison that made him a martyr to science and a willing sacrifice to his country.

While we deeply feel the blow that has taken from our midst this young spirit, so full of promise, we also desire to express to his relatives and friends at home, our sincere condolence, and trust that the memory of the virtues of the departed may have their softening influence on the grief occasioned by his early loss.

REBEL SURGEONS RELEASED FROM CAMP DOUGLAS. The rebel Surgeons released numbered nineteen, viz. Joseph Sandeck, Surgeon Heavy Artillery; Sam'l H. Caldwell, Surgeon 46th Tennessee; Thos. J. Taliaferro, Ass't Surgeon 41st Tennessee; Delmos F. Connell, Ass't Surgeon 1st Alabama; J. McLin Driver, Surgeon 55th Tennessee; Mathew H. Oliver, Ass't Surgeon 17th Alabama; Robert H. Redwood, Surgeon 21st Alabama; Caleb Foxey, Ass't Surgeon 19th Alabama; Elisha G. Greenlee, Surgeon 2d Kentucky: Robert G. Rethrock, Ass't Surgeon 2d Kentucky; John F. Kennedy, Surgeon 14th Mississippi; Kelly Williams, Ass't Surgeon 14th Mississippi; John F. McDowell, Ass't Surgeon 12th Alabama; Robt. A. Fulton, Ass't Surgeon 7th Texas; Thos. B. Elkin, Ass't Surgeon 20th Mississippi; William A. Martin, Surgeon 1st Ala., Tenn. and Miss.; Michael J. Bolar, Surgeon 17th Alabama; Sam'l B. Johnston, Ass't Surgeon, Regular C. S. A; Jas. W Duprer, Ass't Surgeon Light Artillery.—*Chicago Jour.*

MEDICAL RESPONSIBILITY.—How shall surgeons deal with a patient raving in the dangerous delirium of drink? At all our hospitals such a patient is managed by gentle coercion, or placed under supervision in a padded room, *nolens volens*, until time and treatment shall have restored his self-control. The recent decision, Scott *v.* Wakem, seems to affirm that a surgeon called by the nearest relative has no right to assume the management of the delirious sufferer from drunken madness, and that he is liable to an action at law if he use restraint to control his dangerous impulses. On the other hand, what would be said if, in future, surgeons should decline to undertake the responsibility of treating patients suffering from delirium tremens! If the jury in this case correctly interpreted the law, we commend this state of legal doctrine to the attention of the House of Lords, who recently manifested so lively an interest in law and lunacy. This subject will command attention in the profession, and receive further careful consideration on our part.—*Lancet.*

Royal College of Surgeons of England.—The following are the subjects for the Collegial and Jacksonian Prizes for the present and succeeding year, to be awarded by the Council of this institution:—The Collegial Triennial Prize on the Structural Anatomy and Physiology of the Lymphatic Vessels and Glands (the Anatomical Distributions not being required); the communications (if any) between the Lymphatics and the Blood-vessels to be demonstrated; and the influence (if any) which the Lymphatic Vessels or Glands exercise on the fluid they transmit to be elucidated. The Dissertation to be illustrated by Preparations and Drawings. There are two Jacksonian Prizes for the present year, the subjects of which are the Relative Value of the treatment of Popliteal Aneurism by Ligature and by Compression: illustrated by a reference to cases; and the Healthy and Morbid Anatomy of the Tonsils, and the appropriate Treatment of their Diseases: illustrated by preparations and drawings. There are also two subjects for prizes for the ensuing year, 1863; namely: The Pathology and Treatment of Diseases of the Larynx; the Diagnostic indications to include the appearances as seen in the living person: the dissertation to be illustrated by drawings and preparations; and the Normal and Pathological Anatomy of the various Synovial Bursæ connected with the Muscles and Tendons of the upper Extremity, and the Treatment of their Diseases: the dissertation to be illustrated by preparations and drawings. The terms and conditions will appear as an advertisement in the next number of this Journal.—*British Med. Journal.*

Social Science Congress, London.—We are pleased to notice that our distinguished countryman, Prof. Lee, was honored with the chairmanship of the Section on Public Health, at its session, June 11:—The meeting of this section was resumed yesterday evening at half-past 8 o'clock, at Burlington-house; Professor Charles A. Lee, M.D., of New York, in the chair.

Mr. E. Chadwick moved the following resolution:—"That the Committee be requested to consider the expediency of promoting the practical adoption of the measures examined and prepared by the last International Statistical Congress for the regular issue of Sanitary Statistics under the uniform heads then agreed upon, especially those heads of statistics displaying the bearing of the chief causes of preventible mortality upon the wage classes as well as upon the other classes of society, more particularly in those districts, or blocks of habitations, where new works of house drainage and sanitary improvement have been extended."

Dr. Farr considered that the resolution proposed was one which ought to meet with universal approbation. Sanitary statistics had been of the greatest use in the army and the navy, and would undoubtedly be so with regard to our laboring population.

The Chairman thought the Government ought to supply statistics of sickness as well as of death.

The resolution was then put, and carried unanimously.

Dr. Farr moved that measures should be adopted for obtaining the same information respecting the civil population as is now obtained respecting the army and navy, and that the counsel of the Association be requested to bring the resolution under the notice of the Colleges of Physicians and Surgeons, as well as of her Majesty's government.

After some further discussion, the proceedings terminated.—*Daily News.*

At the late Commencement of the Long Island College Hospital the following gentlemen were candidates for the Degree of Doctor of Medicine: 1. William A. Webster, of New Hampshire; 2. J. C. Morton, of New York; 3. Henry A. Heilner, of Pennsylvania; 4. Joseph McMonegal, of New Brunswick, B. N. A.; 5. O. R. Wilcox, of Albany; 6. Otis M. Humphrey, of Massachusetts; 7. William Richards, of Cuba; 8. Abram H. Hunt, of Ohio; 9. Louis V. Estelle, of France; 10. Asher A. Shiverick, of Massachusetts; 11. William W. Lamb, of Pennsylvania. Dr. Mason, the President, in the course of his address to the graduates, remarked on the call that our present condition as a nation has upon the patriotism and self-denial of her citizens, and mentioned that the class of '60 and '61, when there was much less need, contributed largely to this great cause. "Prentiss and Brown, Demainville and Pearse, Lynch and O'Leary, E. O. Brown, Deering, and others, whose names I cannot recall, with Webster and Heilner, of our present class, with Dalton and Hamilton, two of our most highly esteemed and accomplished professors, have dedicated themselves to the high and holy work. I trust the class of '62 will not be behind them."

A Large Dose of Chloroform.—A remarkable case is related by a correspondent of the *London Medical Times*, in which a person aged fifty swallowed at one dose two ounces of chloroform. The patient fell into a profound coma; the pupils were widely dilated and insensible; the pulse slow and feeble; surface of the body colder than natural; movements of the thorax scarcely perceptible, and sensation generally abolished. Several hours elapsed before any remedies were employed. A stomach pump was used, and a quantity of chloroform, mucus, and watery fluid was removed, and the stomach thoroughly cleansed with tepid water. In less than an hour afterwards there was a return of consciousness. For three or four days there were signs of irritation of the throat and stomach, and at the end of a week the patient was quite well again.

Buffalo Physicians in the Government Service.—*U. S. Army.*—Dr. Chas. K. Winne, Assist. Surg., Clarksburgh, Va.

Volunteers.—Dr. Chas. H. Wilcox, Brigade Surg., Genl. Patrick's Brigade (resigned, and is again Surgeon 21st Reg., N.Y.V.); Dr. Jos. A. Peters, Assist. Surg., 21st N.Y.V.; Dr. Lucien Damainville, Surgeon 31st N.Y.V.; Dr. E. P. Gray, Surgeon 100th Regt., N.Y.V.; Dr. E. L. Bissell, Assist. Surg. 44th N.Y.V.; Dr. J. W. Casey, Assist. Surg. 105th N.Y.V.; Dr. Wm. H. Butler, (Sick leave,) Assist. Surg. Mich. Volunteers; Dr. F. J. Bancroft, Assist. Surg. Penn. Volunteers; Dr. Sylvester Rankin, Assist. Surg New Mexico Volunteers; Dr. S. B. Hunt, Volunteer Surg., Yorktown; Dr. Charles Winne, Volunteer Surg.

U. S. Navy.—Dr. Newton N. Bates, Assist. Surg., Gunboat "Seneca;" Dr. Wm. Howell, Assist. Surg., sick leave; Dr. S. D. Flagg, Jr., Assist. Surg., Gunboat "Connecticut;" Dr. Wm. B. Mann, Assist. Surg., Gunboat "Miami;" Dr. Geo. D. Slocum, Assist. Surg., S. Sloop "San Jacinto;" Dr. H. P. Babcock, Assist. Surg., Waiting Orders.

U. S. Volunteer Navy.—Dr. Ira C. Whitehead, Assist. Surg., Key West; Dr. Geo. L. Sweet, Assist. Surg., Gunboat "Isaac Smith."

With the Sanitary Commission.—Dr. Horace Tupper, Pittsburgh Landing; Dr. C. B. Hutchins, Pittsburgh Landing.—*Buff. Med. and Surg. Jour.*

The anniversary oration before the New York "Beta" of the "Phi Beta Kappa" Society, delivered June 17, was almost entirely historical. Its subject was a general history of Slavery in all ages of the world, a particular history of American Slavery, and a detailed account of the successive stages in the progress of the Pro-Slavery sentiment of the Southern States, commencing from the time they, with the North, resisted its introduction into the colonies by England, progressing through the Revolution; when it was universally conceded to be an evil, continuing to a later period, when it began to be apologized for, afterwards to be defended, and finally to be eulogized, and winding up with its connexion with the present rebellion and its probable ultimate fate.

Errata.—In the last number, page 119, 1st col. line 14 from bottom, for *chemist* read *alienist;* 2d col. l. 38 from top, omit *its;* l. 46, for *where* read *when;* l. 48, for *supposed* read *supposes;* l. 6 from bottom, omit semicolon after *speculation*, and insert it after *men* in the next line. Page 120, 1st col. l. 33 from top, omit *that*.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 18th day of August to the 25th day of August, 1862.

Deaths.—Men, 86; women, 89; boys, 182; girls, 163; total, 520. Adults, 175; children, 345; males, 268; females, 252; colored, 4. Infants under two years of age, 2-8. Children born of native parents, 15; foreign, 292.

Among the causes of death we notice:—Apoplexy, 3; infantile convulsions, 33; croup, 8; diphtheria, 9; scarlet fever, 5; typhus and typhoid fevers, 8; consumption, 56; small-pox, 3; measles, 6; dropsy of head, 12; infantile marasmus, 49; cholera infantum, 122; inflammation of brain, 14; of bowels, 8; of lungs, 14; bronchitis, 6; congestion of brain, 4; of lungs, 4; erysipelas, 1; diarrhœa and dysentery, 36; 326 deaths occurred from acute diseases, and 24 from violent causes. 384 were native, and 136 foreign; of whom 94 came from Ireland. 61 died in the City Charities; of whom 16 were in the Bellevue Hospital, and 8 in the Immigrant Institution.

From the 25th day of August to the 1st day of September, 1862.

Deaths.—Men, 92; women, 82; boys, 177; girls, 185; total, 536. Adults, 174; children, 362; males, 269; females, 267; colored, 5. Infants under two years of age, 301. Children reported of native parents, 21; foreign, 303.

Among the causes of death we notice:—Apoplexy, 2; infantile convulsions, 24; croup, 10; diphtheria, 15; scarlet fever, 8; typhus and typhoid fevers, 12; consumption, 61; small-pox, 0; measles, 3; dropsy of head, 27; infantile marasmus, 55: cholera infantum, 97; inflammation of brain, 15; of bowels, 13; of lungs, 12; bronchitis, 5; whooping-cough, 6; congestion of brain, 11; of lungs, 4; erysipelas, 0; diarrhœa and dysentery, 40. 307 deaths occurred from acute diseases, and 33 from violent causes. 395 were native, and 141 foreign; of whom 81 came from Ireland; 53 died in the City Charieties; of whom 12 were in Bellevue Hospital, and 2 died in the Immigrant Institution.

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To the Medical Profession.—Dr. I.

Parigot has changed his residence and is prepared to receive a very limited number of patients in his country house at Hastings, on the Hudson; he can be consulted in town at Dr. Douglas' Office, No. 12 Clinton Place, on Tuesdays and Saturdays, for Nervous Diseases and Medico-Legal questions.

Wm. H. Davol, M.D., late Physician

to L. I. College Hospital, Brooklyn, removed to St. Paul, Minn.

References.—C. L. Mitchell, M.D., T. L. Mason, M.D., Prof. E. N. Chapman, M.D., of Brooklyn; Prof. Austin Flint, M.D., Prof. B. F. Barker, M.D., of New York.

On Urine, Urinary Deposits, and

CALCULI: Their Microscopical and Chemical Examination, including the Chemical and Microscopical Apparatus required, and Tables for the Practical Examination of the Urine in Health and Disease; by Lionel S. Beale, M.D. Illustrated with numerous original Wood Engravings. Post 8vo. London, 1861. Price $2.60.

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B. I. RAPHAEL, M.D., Professor of the Principles and Practice of Surgery.
CHARLES A. BUDD., M.D., Professor of the Theory and Practice of Midwifery.
A. JACOBI, M.D., Professor of Infantile Pathology and Therapeutics.
E. NOEGGERATH, M.D., Professor of Clinical Midwifery and Diseases of Women.
J. V. C. SMITH, M.D., Professor of Anatomy.
WM. F. HOLCOMB, M.D., Professor of Ophthalmic and Aural Surgery.
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CHARLES A. SEELY, Professor of Chemistry and Toxicology.
HON. JOHN H. ANTHON, A.M., Professor of Medical Jurisprudence.
———————— Professor of Physiology of Microscopic Anatomy.*
JAMES E. STEELE, M.D., Demonstrator of Anatomy and Curator of the Museum.
GEORGE WOOD JEWETT, M.D., Assistant to the Professor of Midwifery.
WM. BALSER, M.D., Assistant to the Professor of Infantile Pathology.
F. S. SNEADE, Janitor.

A preliminary term will commence on Monday, September 15th, and continue until the Regular term begins. This Course will be GRATIS to those students who intend taking a full winter Course, and will be as follows:—

On Amputations, by	Prof. Carnochan.
" Gunshot Wounds, by	Prof. Raphael.
" Pregnancy, by	Prof. Budd.
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* Prof. Browne having received the appointment of Brigade Surgeon, has resigned the chair of Physiology. The chair is now vacant, but will be filled before the commencement of the Course.

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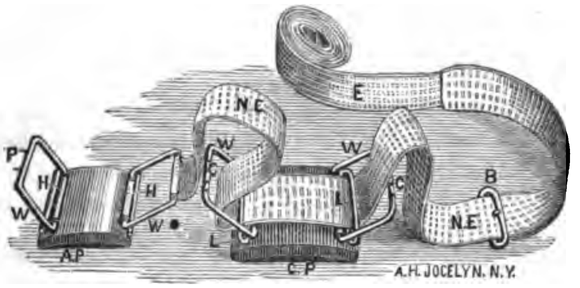

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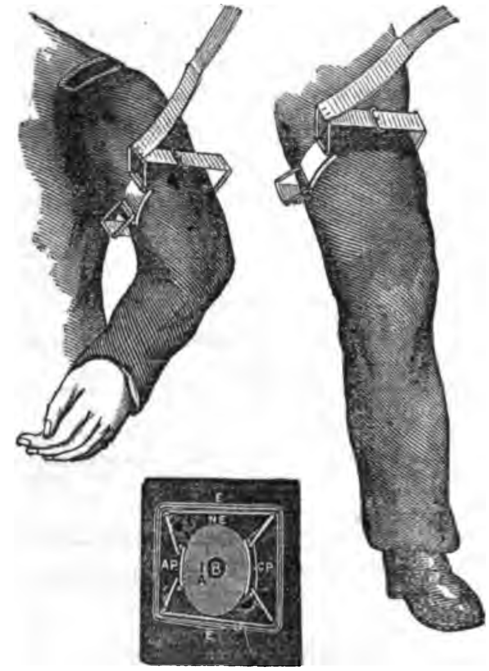

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Our readers will find a very large amount of information in the twelve chapters of which the volume is made up. Perhaps, in the present state of our knowledge on the subject of this obscurely understood disease, little more can be said beyond what may here be found written down.—*London Medical Times and Gazette.*

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Cazalas. Maladies de l'Armee d'Orient.

Campagne de 1854-55-56. 8vo. Paris, 1860. $1.25.

Fraser. A Treatise upon Penetrating Wounds of the Chest.

8vo. London, 1859. $1.60.

Guthrie.—Commentaries on the Surgery of the War in Portugal, Spain, France, and the Netherlands.

With Additions relating to the War in the Crimea. 8vo. London. $4.65.

Jacquot. Du Typhus de l'Armee d'Orient.

8vo. Paris, 1858. $1.87.

Longmore (T.) A Treatise on Gunshot Wounds.

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Tripler & Blackman.—Hand-Book for the Military Surgeon.

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Notes on the Surgery of the War in the Crimea, with Remarks on the Treatment of Gunshot Wounds.

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Lecture XII.—Part IV.

By A. JACOBI, M.D.,
PROF. OF INFANTILE PATHOLOGY AND THERAPEUTICS.

Laryngismus Stridulus and Craniotabes.

I have stated that the cause of laryngismus must be looked for in a nervous centre; at all events there is no disease of any of the respiratory organs which exhibits similar symptoms, and post-mortem examinations have resulted in nothing that could explain those symptoms by any local alterations in the lungs or heart. Old Goelis already describes cases of mild laryngismus in connexion with chronic hydrocephalus. Keitel found, besides a hypertrophied and degenerated thymus gland, the skull soft, and its sutures and fontanels large, both the osseous and cerebral tissues soft and hyperæmic, oblongated spine also soft, its membranes congested, and a tablespoonful of clear serum in the upper portion of the vertebral canal. Marshall Hall once found the oblongated spine harder than normal; Evans made the observation of a child born with spina bifida, who would have an attack of laryngismus whenever the liquid of the sac was pressed into the vertebral canal. Caspari found the substance of the spine solid and white, and its dura mater much injected. The sinuses of the brain were filled with an enormous amount of black and thin blood, the substance of both the large hemispheres and cerebellum very soft. The phrenic nerve, moreover, was uncommonly hard, but the pneumogastric nerve "appeared more similar to the brain."

After all, the uniform presence of some alterations in the nervous centres appears to prove my first proposition, that laryngismus is the symptom of a deep-seated anomaly. In many cases congestion and inflammation of the membranes, especially the brain, have been found, together with their consequences, viz. more or less transudation. This process may take place very slowly indeed, and very generally does have a slow progress. Many cases of cerebral or meningeal effusion undoubtedly take place without laryngismus, but that laryngismus should occur without any affection of the nervous centres is more than merely doubtful. But there is one disease which appears to be the fundamental cause and origin of laryngismus. It is rhachitis. I merely refer you to a former lecture in order to remind you of these facts, that rhachitis is not only a disease of the osseous tissue, that originally, indeed, it is the result of disorders in digestion and assimilation, and that impaired nutrition brings on anomalies in all the system thus intimately connected with rhachitis. Particularly it is the form of rhachitis which is found in nurslings which is apt to bring on severe and general symptoms, viz. the rhachitical softening of the cranial bones, or craniotabes, of which I have also spoken in a former lecture. Craniotabes is always connected with meningitic processes, effusion between the meninges, and into the brain and its ventricles; and thus its direct connexion with a large amount of cerebral effusion is easily understood.

Old authors, whose reports Elsaesser has collected in his book on "the soft occiput," although they did not understand the importance of the rhachitical softening of the parietal and occipital bones, relate a number of post-mortem examinations and cases illustrating the subject. Of the cases of Kopp, one who died at ten months, had a very large fontanel, ununited sutures, and very flexible cranial bones; in another who died before the end of the fifth month, he mentions flexible cranial bones, and large fontanels. Caspari relates the case of a child, which was very large and fat, but always had "phlegm on his chest," and a large head, large fontanels, and swollen epiphyses; he adds, that the majority of his infants affected with laryngismus stridulus, had a rhachitical predisposition. Other writers accurately describe cases of craniotabes, the symptomatology of which I have given you in my lecture on the connexion of diseases of the bones with dentition. Thus Pagenstecher speaks of a child who was very large and fat, and was affected with convulsions in his seventh month, and afterwards with attacks of apnœa. Being sick so long, it grew emaciate and thin, and his skull had quite a peculiar, no longer spherical, but remarkably irregular and asymmetrical form. Hirsch found twice, a large head, and large fontanels. Keitel describes the attacks, and body of a child who died in his twenty-second week, and had mostly ununited sutures; the small, triangular fontanel remained still open; the quadrangular was unproportionately large, and the skull soft and thin. Hachman has a similar report. In Günther's child after weaning, "a true rhachitical constitution" developed itself, and gradually also the attacks of laryngismus. Landsberg also found the sutures open, and delays in protrusion of the teeth. In one case of Hauff's, all the cranial bones appeared of a dark blue color, and were so little ossified as to be easily cut by means of a knife and scissors, and so thin that the squamous parts of the temporal bones, and some parts of the parietal and occipital bones, had the thickness of good-sized paper. In another, the chest was very similar to the "chicken chest," and the commencement of rhachitis could not be denied. A child of Staub's had already in its first year the unmistakable symptoms of rhachitis, and had its first tooth at eighteen months.

Many such cases could be collected from literature; but those above taken from older authors, suffice to illustrate the connexion between craniotabes and laryngismus. It is true, however, that not every case of this affection must necessarily be the result of craniotabes. Elsaesser reports the case of a child who had his laryngismus brought on by hooping-cough, not before his craniotabes had healed; and there are a few cases of laryngismus in the second or third years, where craniotabes is generally no longer present. Thus other causes may bring it on; but do not forget, that nervous affections will oftentimes not disappear with the removal of their causes, and that together with craniotabes, alterations take place inside the cranium which are not so liable to heal as the affection of the osseous tissue itself; therefore, craniotabes may still be the cause of laryngismus, even where it appears to have entirely passed by. I hardly remember a case of my own, in which symptoms of general rhachitis and of rhachitical softening of the cranium were absent in laryngismus; thus this much is certain, that the majority of cases of laryngismus, or crowing inspiration, depend on craniotabes and general rhachitis. It is always the great predisposing cause, and thus the last and proximate causes of an attack of our disease, as we find them enumerated in the text books, such as fright, anger, cough, protrusion of a tooth, etc., are thus assigned their right place of but occasional and temporary importance. By the defective condition of the cranium the brain is more subject to external injuries, concussion, quick movements of the head, improper carrying on the arm, lying on a hard pillow, rocking, and high temperature both artificial and solar; and finally, we must not overlook the importance of such alterations as invariably take place, in rhachitis and craniotabes, in the nutrition of the system and the condition of the brain. At all events, you will hardly ever be mistaken in your etiology, when on examining a new case of laryngismus, you look for craniotabes. Whenever a child with laryngismus is brought to me, my first attention is given to the occiput and epiphyses, as my first prescription is almost invariably the regulation of diet and the use of iron.

Original Communications.

REMARKS ON ALBUMINURIA,

MADE BEFORE THE NEW YORK ACADEMY OF MEDICINE.

By A. CLARK, M.D.,

PROF. OF PRACTICE AND PATHOLOGY.

(*Continued from page 129.*)

Again, the frequent dependence of Bright's disease on hypertrophy and valvular disease of the heart has been referred to. The nature of this dependence needs explanation, at least to my own mind. It occurs, as will be seen hereafter, much more frequently with hypertrophy alone, or with hypertrophy and mitral disease, than with obstruction at the aortic opening. This may be saying no more than that enlargement and deformities of the mitral valves are in themselves more common than disorders of the aortic valves. But it occurs with obstructive changes in the latter valves occasionally. This would seem to preclude the supposition that the secondary renal affection arises from crowding the kidneys with blood through the increased size and strength of the left ventricle. Still, the point has not yet been studied with the care which will authorize us to say that our data are positive and reliable. But there are grave nervous disturbances in hypertrophy and valvular disease, as seen in the irregular occurrence of palpitations and dyspnœa. It is possible, then, that this nervous agitation may be reflected upon the nerves of the kidneys, as it is upon those of the lung. The kidney affection cannot, in the present state of our knowledge, be referred to an unnatural condition of the blood; for such unnatural condition has not been demonstrated, and there are no symptomatic evidences of it up to the time when the complication usually occurs. Thus, then, we must say that hypertrophy and chronic valvular affections of the heart are frequent causes of Bright's disease; and we cannot at present explain satisfactorily the mode in which one organ acts on the other.

It is perhaps equally difficult to explain the mode in which pregnancy produces Bright's disease. The theory that it depends on the pressure of the gravid uterus upon the abdominal aorta below the origin of emulgent arteries, and the consequent surcharge of the kidneys with blood, though sustained by the authority of Rayer and Litzmann, has not the full support of experiments. Mr. Robinson (*Med. Chir. Trans.*, vol. xxvi., p. 74) found that in tying the abdominal aorta below the emulgents in two rabbits, only one of them secreted albuminous urine, and the quantity of albumen in that one was but small. I have not seen the report of Frerichs's rehearsal of the same experiments, but it is stated (*Brit. & For. Med. Chir. Rev., April*, 1852, p. 244) that he arrived at the same results. This is not a very solid foundation for an hypothesis, and yet it may give color to the opinion, especially when it is remembered that the animal which furnished the albuminous urine only lived ten hours, and the other was killed in forty minutes, while the uterine pressure, if it exists, lasts for months. But the well known gastric and mammary sympathies of pregnancy demonstrate a wide range of nervous relations, and suggest the theory of reflex nervous action. Nor is the idea, that the kidney changes depend on the changed condition of the blood, excluded. For it is claimed that this fluid in pregnancy contains more water, fibrine, and colorless globules, and less of albumen and red corpuscles, than in other normal conditions. It may be, as Frerichs supposes, that the mechanical obstruction to the circulation and the altered condition of the blood co-operate together in producing the kidney disease. Thus do the explanations differ, though albuminuria has been recognised as a frequent attendant on pregnancy, and puerperal convulsions as dependent on albuminuria since the first was announced by Rayer, and the second by Lever.

The albuminuria of phthisis pulmonalis occurs in the later stages of the tuberculous affection, when the blood has already undergone grave changes, and it is certainly not impossible that the congestion and renal lesions may depend on this unhealthy state of the circulating fluid. But, on the other hand, the lungs have usually already suffered fatal erosion. The nervous sympathies have often been extensively and painfully invoked. That the innervation of the kidneys should be modified by what in this discussion has been called reflected or reflex influences, should not be surprising. A parallel influence, though in the opposite direction, is sometimes very marked. When the peritoneum becomes covered with tubercles, and tubercular peritonitis is well established, the lungs are so far deprived of their usual sensitiveness, that large excavations may be formed in them, and yet the alarm-bell is never once sounded; there will be no cough from first to last.

Regarding the diseases of debility and the cachexias that induce Bright's kidney, they perhaps act through the changed condition of the blood. It seems to be very generally admitted by physiologists that there is no state of the circulating fluid so favorable to its ready transit through the vessels as its normal state, that is, as when it possesses all its constituents in due proportion. "It is an important physiological and pathological law," says Johnson (p. 248), "that the blood, in order to circulate freely through the capillaries, must be in a normal condition, and that any departure from its healthy composition is associated with more or less of impediment and retardation in the capillary circulation." Assuming the truth of this proposition, though it has been proved of certain unnatural conditions only, we find a reason for embarrassed circulation in every part of the body during the continuance of a cachexia, and in the kidney especially, when this circumstance is aided by some other agency operating upon these organs. But I must confess that this kind of reasoning is very unsatisfactory; and were it not that a study of possible influences sometimes leads us to truth, or excites further inquiry, I should not have taken the time to consider this somewhat extended series of hypotheses.

Among the external agencies which are usually enumerated as capable of producing Bright's disease, are cold, alcoholic drink, and diet. The important influence which the temperature and the secretions of the skin exert upon the kidneys, is a part of every man's personal experience. Nothing illustrates this more strikingly or more appositely to our present purpose, than the experiments which suspend the cutaneous secretions. Carpenter (*Manual of Physiol.* Para. 746) states that when the exhalant action of the skin is completely checked by the application of an impermeable varnish, the temperature of the body falls, and in a short time fatal results ensue. I had an opportunity of witnessing this experiment last winter at the College of Physicians and Surgeons. Dr. Styles, to aid his teaching, had the fur of a rabbit removed, and covered the skin with a coating of collodion. In an hour or two the urine was albuminous, and the animal survived only a short time. Carpenter adds:—"A partial suppression by the same means gives rise to febrile symptoms and to albuminuria." The opinion is universal that it is exposure of the surface of the body to cold air which produces the dropsy, and other symptoms of Bright's disease, after scarlatina. That this belief is well founded in the main, I do not doubt. At least, so much as this is true. The predisposition exists, or rather the disease has commenced through the influence of the scarlet fever; and as that affection subsides, the renal disorder is disposed to subside—but the cold renews the congestion, and kindles into a blaze the smouldering fire. That this is the correct view, is rendered highly probable by the occurrence of scarlatinal dropsy in children who are most carefully and prudently protected from the cold. Such a case occurred in the practice of Dr. Stephen Smith last winter. Not a breath of cold air had touched the body of this child. The rooms were large, and all the time kept at a temperature of 70°. During her convalescence from the exanthem, she had the range of these rooms, and never left them. Her clothing, also, was carefully looked to. Yet this child did not escape. Then, too, that there are other influences at work besides the cold, would be inferred from the fact that the dropsy, when it occurs, has its time, occurring after an interval nearly as definite as the period of the eruption itself. Still, that cold and diminished exhalations from the skin have an active agency in producing both the acute and chronic forms of Bright's disease, can hardly be doubted.

As to diet, its influence is traced with more difficulty, and I have little to say about it. That the ingestion of an excess of albuminous food should be followed by albuminous urine is hardly a fact in point, for that sort of albuminuria is not Bright's disease. That certain other articles of food, vegetables, for example, should cause the urine to be albuminous for a few hours, has been, in some instances at least, explained by the further study of the cases. Bright's disease had already commenced, but the urine was not albuminous, except when the kidneys were excited by something which operated unkindly upon them. If any article of wholesome food has the power to cause chronic disorganization of the kidneys, I think it is yet to be demonstrated. If scanty and innutritious or unwholesome food produces Bright's disease, it is probably because of the unnatural condition of the blood which such food induces.

Regarding alcoholic drinks, it appears to me that their power to produce Bright's disease in either of its forms, has been greatly overstated. There is a conviction in the minds of many physicians, that this affection is a badge of intemperance. How wide this is of the truth may be partly seen from what has been already said. The opinion seems to have arisen from the fact that the renal disorder has been chiefly studied in hospitals, where a large proportion of the patients are found to have been intemperate, whatever may be their actual disease. I do not mean to deny that alcoholic drinks are among the causes of this affection. It is undoubtedly true that they have great power in exciting the kidneys to action, and these organs eliminate from the system certain of their constituents. It is probably true also that they disturb that "definite composition of the blood," which Poisenille found necessary to insure healthy secretion. It may be that they "impede the circulation" in the kidneys. It is certain that they are capable of much mischief, and that many hard drinkers have Bright's disease. But it is not true that any particular form of this disease depends on them alone. I would especially oppose the notion of Goodfellow, that the fibrous kidney is in any but the very loosest sense the "spirit kidney." He says (p. 190 and 192), of the fibrous and hobnail ("granular") kidney; "this alteration is very commonly seen in both these organs (kidney and liver), in old drunkards, especially and almost exclusively those who take the raw spirit, or spirit mixed with only a small quantity of water." He holds that the form of disease produced by beer, etc., is "a mixed kidney, something between the large white kidney which we see after scarlatina and the true granular (hobnail) kidney, with more or less fatty deposit both in the tubes and in the interstitial tissue." This distinction may be well founded in its application to kidneys in which disease is caused by spirits only, or by beer only. In this country none are habitually intemperate on beer alone; we have, therefore, no opportunity of verifying the latter statement. But if it is to be inferred that any form of Bright's disease is produced by alcoholic drinks, and cannot be produced by other causes, or is only rarely produced by other causes, then I am sure the statement is without foundation. Hardly less than this would justify the application "spirit kidney." Of many small fibrous kidneys found at post-mortem examinations in *private practice*, I cannot now recall one that occurred in the person of a spirit drinker. Two cases, for example, occurred in the practice of Dr. Watts, in the same street and in houses nearly opposite each other. In each of these, the kidneys were both small, one of them in each instance not exceeding one ounce and a half in weight, and hobnail (granular). Dr. Watts will bear me witness that they were both temperate men. One of them, indeed, a man fifty-eight years of age, had never tasted intoxicating drink of any kind from his childhood. His mother was alarmed by the effects of some gin given him in his infancy, and as he grew up, she exacted a promise from him that he would never, in all his life, taste intoxicating drinks—a promise which he had, according to his own statement and the united testimony of his family, religiously kept. Yet a post-mortem examination disclosed not only fibrous and contracted kidneys, but also fibrous degeneration or cirrhosis of the liver. Dr. Bulkley saw this case and will confirm this statement. I cite these cases, not as medical curiosities, but as instances in a class of cases which is far from being small, in my experience. If I may step out of my proper path for an instant, I will add that excluding hospital practice, I believe that at least one half the cases of fatal cirrhosis that I have met with, have been in persons who were either abstinent or strictly temperate in the use of alcoholic drinks.

DIFFICULT OBSTETRICAL CASES.

By GEORGE T. ELLIOT, Jr., M.D.

PROFESSOR OF OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN IN BELLEVUE HOSPITAL MEDICAL COLLEGE, PHYSICIAN TO BELLEVUE HOSPITAL AND THE LYING-IN ASYLUM, ETC.

(*Continued from* p. 130.)

Case XCV.—*Pleuro-Pneumonia and Bronchitis after Confinement; Granular Kidney.—Death.—Autopsy.*

Mary Foley, after a natural labor, presented in a day or two these symptoms (Bellevue).

Feb. 10th, 1862.—Pulse 74; skin covered with sweat; comparative slight dulness over right side posteriorly, where there existed a point de côté and friction sound; absence of vocal vibration over dulness; no bronchial respiration or bronchophony; crepitant râles over both lungs anteriorly and posteriorly; wheezing; inspiration suddenly arrested. Lochia and milk suppressed. 7 P.M. Pulse 120, resp. 28; flushed cheeks; crepitant râles much more extensive everywhere. True crepitus of pneumonia now distinguished posteriorly and to the right. Urine examined by Prof. A. Flint, Jr., gave specific gravity 1011.370176; albumen none; chlorides abundant; small amount of urate of soda. Treatment.—Beef-tea with milk-punch and eggs; diaphoretics and diuretics; oiled muslin jacket; twenty dry cups over back and side.

Feb. 11th, 11 A.M.—Pulse 100, resp. 20; tongue covered with a whitish fur. Says she is much better. Urine free, no lochia, no tenderness on pressure over abdomen, uterus, or either groin. Nares dilate in inspiration, circumscribed flush on cheeks. Anterior part of chest everywhere resonant as yesterday, some sibilus and rhonchus on auscultation. Dulness over right side posteriorly, bronchial respiration and voice not well marked, but voice sounds heard more distinctly here than yesterday. Vocal vibration not distinct to the hand; no friction sounds. Crepitant râles diffused over lower lobe of right lung, higher and smaller in the upper than in the lower part. Full inspirations unattended with pain. On left side marked diminution of moist râles; respiration much more distinctly heard than yesterday. Sputa muco-purulent, not remarkably adhesive, preserving their separate shapes. 5 P.M.—Pulse 104, resp. 24. No lochia, no milk, no pain, very comfortable, marked diminution of circumscribed flush. Chlorides abundant in urine. Treatment as before, with free use of whiskey during the last twenty-four hours.

Feb. 12th, 10 A.M.—Expression of face worse, skin somewhat dusky; lips pale; perspiration standing in beads; pulse 116, resp. 17; tongue as yesterday; decubitus dorsal; legs down; no pain on abdominal pressure; no lochia; sputa the same. Tracheal wheezing in respiration considerable. Patient raises herself in bed for examination.

Percussion posteriorly the same; vocal vibration posteriorly to the right increased to the feel; crepitus in inspiration the same as yesterday; prolonged expiration; slight exaggeration of voice sounds over right chest posteriorly in coughing; full inspiration without pleuritic catch. Anterior part of chest resonant on percussion; sibilus and rhonchus; on right side posteriorly crepitus extensive everywhere at end of inspiration. Dry cups over anterior part of right and posterior part of left chest. 8 P.M.—Pulse 140, resp. 28. Delirious, has seen black spots on wall during the day. Urine found to contain small granular cysts and some urate of soda by Dr. A. Flint, Jr.

Feb. 13th, 3 P.M.—Raises herself in bed. Pleuritic friction sound now over the right side; respiratory sounds anteriorly and on the left better. No tenderness over abdomen; tongue white. 12 P.M.—Delirious, will try to walk, coughs much, sputa viscid. Pulse 120, resp. 28.

Feb. 14th, 10 A.M.—Dilatation of nostrils, flushed face, moist white tremulous tongue; marked dulness over both lungs posteriorly; respiratory sounds too feeble to be studied. Pulse 110, very weak; respiration 40, and very short; no lochia; little milk. 11½ P.M.—Pulse very weak, 120; delirious; picking at images; decidedly belligerent.

Feb. 15th, 6 A.M.—Died by asthenia.

Autopsy.—Right lung. Upper and middle lobes crepitant; lower solid to the touch. Lower lobe roughened everywhere but on the posterior part by lymph, which is deposited in thick circumscribed patches between the lobes. On section the lower lobe was found to be solid, and the whole lung weighed four pounds eight ounces. The right pleura contained about ℥ iv of fluid. The costal pleura smooth. The left lung crepitated everywhere, and the pleura was healthy. Bronchial mucous membrane very congested. No œdema, weight one pound three ounces. The heart was healthy, and weighed eleven ounces. Uterus weighed one pound fourteen ounces, well contracted, no clots in sinuses, healthy looking. Spleen weighed seven ounces. Each kidney weighed ℥ vj. Capsules unadherent, stellate veins markedly full.

A portion of the kidney was examined by Prof. Alonzo Clark with the following result. "A large amount of granular matter infiltrated into the intertubular substance, though the kidney does not exceed ℥ vj in weight. Fibrous tissue abundant with numerous newly formed fibres, a few of the malpighian bodies shrunken, the tufts diminished to ⅓ or ¼ their natural size and pale. The greater number of natural size or larger, and all these of uniform bright red color from congestion, and contrasting very strongly with the surrounding tissues. Capillary vessels themselves not visible, but the coloring matter of the blood seems to be diffused through the tufts. Cells of the tubes all in an unnatural condition, either granular or fatty, and many were both. The amount of oil in none excessive. Cells of the tufts were not fatty or granular."

CASE XCVI.—*Bronchitis and Œdema of the Lungs in a Primipara after Confinement.—Death.—Autopsy.*

Very much to my regret the full notes of this case have been lost. But an incomplete memorandum is not uninteresting which presents the facts that this young primipara, in appearance robust and healthy, passed through a natural labor in Bellevue without assistance, and died from the diseases named in the heading of the case. As a means of relief free *inhalations of the nitrous oxide gas* were given repeatedly; and certainly under the influence of this agent, Prof. Austin Flint and myself saw the marked duskiness of the face obviously diminish. Towards the close of this poor woman's life, however, she expressed a preference for the inhalation of steam.

An insufficient quantity of urine in an imperfectly cleaned bottle was sent to Dr. Wm. H. Draper for an opinion, but his opinion was not satisfactory to himself for these reasons. Some slight albumen he thought might be due to the admixture of pus, and he noticed some fragments which might be due to the presence of fatty casts, but nothing under the circumstances sufficient to ground an opinion upon. A portion of the kidney being sent to Dr. Draper for examination, he found "the degeneration of the kidney to be more marked than I have ever observed. In the cortical portion the tubuli were so filled with fat as to obscure if not altogether to exclude the existence of epithelium. The inter-tubular structure also was everywhere full of oil globules. In the pyramidal portion the degeneration was less complete, but still considerable; many of the tubes were distended with fatty matter, and many were entirely empty—some exhibited the epithelial lining imperfectly, the cells being shrivelled and very fatty. The liver also was very fatty. In the uterus fatty degeneration of the muscular fibres had distinctly commenced."

These cases seem to me of great interest as probably illustrative of the relations between albuminuria and its protean influences.

CASE XCVII.—*Acute Laryngitis preceding Confinement.—Metro-Peritonitis.—Laryngotomy.—Autopsy.* (*Dr. Fisher, House Physician.*)

Anne Merwin, aged 21, first complained on Jan. 20th, 1862, of sore throat, and slight difficulty in respiration and deglutition, and on the 30th presented symptoms of a serious nature, viz. marked fever, pulse 152, marked aphonia, stridulous breathing, with tenderness on pressure over the larynx and trachea. Lungs and heart healthy. During that night she was taken in labor, and on the 31st the labor terminated naturally. Some lochial discharge followed for forty-eight hours, after which it never returned. At this time, Feb. 2d, she complained of pain over the region of the uterus, and over the exact sites of the femoral veins, but especially when the right was pressed upon. Bladder has had to be always evacuated by the catheter. Up to the invasion of the puerperal symptoms she had been treated by Dr. Thomas with diaphoretics, inhalations of steam, vesication, and leeches over the larynx; and the iodide of potassium had also been given. When she came under my observation she was in a profuse perspiration, with the tenderness over the veins just commencing. Ordered inhalations to be continued, the chlorate of potash to be substituted for the iodide of potassium, and eight leeches to be applied over the uterus, and the flow kept up by poultices. Vesp. pulse 152, restless—morphia and veratrum viride. Feb. 4th, 10 A.M., patient quiet, and comfortable, laryngeal symptoms have almost entirely subsided. At one P.M., the respiratory symptoms suddenly became so alarming that Dr. Fisher sent for Dr. J. R. Wood, who was then visiting his wards. Dr. W. recommended laryngotomy to be performed at once, and the operation was performed by Dr. Fisher. After this, the patient seemed to rally for a time, and pure oxygen was administered, but she died at five P.M.

Autopsy, sixteen hours after death.—Weather cold. Body well nourished, rigor mortis well marked. Milk in breasts. On opening the abdomen, the peritoneum was found to be quite dry—not congested—and presenting a small amount of fluid in its cavity. Intestines tympanitic, and when removed, the uterus was found to be of ordinary size, not contracted, flattened in its upper surface, from intestinal pressure in all probability. Posterior surface roughened by lymph, though the exudation was not extensive, or elsewhere apparent. Ovarian veins highly developed and full of blood. The femoral, external, common, and internal iliacs were then dissected, while the uterus was left in situ. None of them were hardened, but all were remarkably full of blood. There were no varicose veins recognised in the body. I now directed a large portion of each external iliac to be included between ligatures, and preserved with the contents for microscopical examination, which was carefully made by Prof. A. Flint, Jr., without discovering any evidences of inflammation. The uterus was now removed and laid open. No clots in sinuses. Lining membrane thickly covered with a pultaceous reddish grey material, presenting under the microscope broken down muscular fibre, granular matter, and pus corpuscles.

Fallopian tubes not enlarged, no pus escaped on section. Epiglottis and aryteno-epiglottidean folds normal. Mucous membrane of larynx thickened, and presenting marked evidences of inflammation. The mucus removed and found normal, no traces of false membrane. Vocal cords thickened, and ventricles rendered shallow by thickening of mucous membrane. Mucous membrane of trachea and bronchi reddened. Other organs healthy—brain not examined—no evidences of syphilitic taint.

A thorough microscopic examination of the veins connecting with the uterus would assist materially in advancing our knowledge of metritis and puerperal phlebitis. In this case the pain over the veins disappeared after leeching.

Case XCVIII.—*Pelvic Cellulitis—Peritonitis, and Death from Escape of Pus into Peritoneal Cavity.*

During the autumn of 1861, a patient in the Lying-in wards of Bellevue suffered from pelvic cellulitis some time after her confinement. I made the diagnosis before the class, and stated that her chances for recovery were very good; recommended the iodide of potassium, which is a very favorite remedy of mine in cellulitis; and gave the customary prognosis, that if pus were to form it would probably discharge itself through the rectum, vagina, or skin, and obey the laws which guard the peritoneal surface so constantly from injury in these cases. Some days later, however, this poor woman was suddenly seized with violent peritonitis, and died, when the autopsy disclosed the fact that pus had formed and had made its way into the peritoneal cavity. The last twelve years have enabled me to observe a very great number of cases of pelvic cellulitis, the diagnosis of which was kindly taught me by Professor Simpson, in Edinburgh, in 1850, and this is the first case under my observation where this untoward accident has occurred. Decidedly the results of my experience make me believe that the vast majority of these cases do not require the trocar or the scalpel, nor in this case was there any recognisable fluctuation when my diagnosis was made.

Case XCIX.—*Feet and Funis Presentation—Still-born Child—Autopsy.*

Mary ——, single, aged 27, in labor in Bellevue, from Feb. 10, 1862, at 3 P.M., to Feb 11, at 3 A.M., under the care of Dr. Lowell, house surgeon. Female child, weighing 7 lbs., presented both feet, and when they were in the vagina, a large coil of funis prolapsed below the vulva. Dr. Lowell went instantly, but found no pulsation. Delivery easy. No respiratory effort made. I directed the autopsy fifteen hours after death before the class. Weather cold. Peritoneal, pleural, and pericardial surfaces healthy. Lungs in fœtal condition, free from disease. On carefully removing the skull-cap, without cutting the brain, ℥j. of dark bloody serum escaped. Brain firm and came out intact. Serous effusion to an abnormal extent in both ventricles, especially the left.

Case C.—*Delayed First Stage.—Undilatable Os.—Douche and Stimulating Enema.—Subsequent Death of Child proven to be due to Intra-Uterine Disease of the most extensive character.*

M. M. R., aged 18, married, came into the lying-in wards of Bellevue under the care of Dr. Segur, house surgeon, on Friday, Jan. 31, 1862. Had been kept awake the night before by the pains, which continued irregularly during the day. On entering, the os uteri was undilated, head in superior strait at the brim. In the night some hours' sleep were procured by an opiate, as no progress had been made. Feb. 1st.—Os dilated in the morning to the size of a quarter of a dollar. In the evening no further dilatation had taken place. Os thin and rigid. Patient restless; expression of great fatigue; pulse frequent. Ext. opii aquosi gr. ij; no effect. Chloroform then given moderately for half an hour, when she became quiet, and obtained some sleep; the morning of Feb. 2d found her quite refreshed. At 11 A. M. I saw her, and found nothing in the pelvis or presentation to cause delay. Os size of a dollar; undilatable and rigid. Pains irregular, but of considerable force. Ordered two gallons of warm water to be injected against and within the os, and ℥iij. ol. terebinthinæ as an enema. Rapid dilatation followed. At 1 P. M. the membranes ruptured; uterine pains became efficient and frequent at 4 P. M., *before which time she remained quiet*, and in one hour afterwards the labor was over. Convalescence favorable.

The child was born asphyxiated; weight 4 lbs. 10 oz. Troy. Nothing had occurred in the second stage to account for its condition. Heart beats distinct for an hour, during which time some catching inspiratory efforts occurred, and were aided by various stimuli and the customary treatment, but respiration was never fairly established.

Autopsy.—Abdomen and scrotum distended. Superficial veins of brain congested; clots in the ventricles. Thorax, right side: Old pleuritic adhesions at apex of right lung. Lung so compressed by pleuritic effusion as to be little if at all crepitant. Surface of that lung seemed ecchymosed, and the appearances resisted water and insufflation. Left lung less compressed, there being a smaller amount of fluid in that pleura, not presenting the appearances of congestion observed in the other, and moderately crepitant. On opening the abdomen the cause of the swelling was seen to be due to serous peritoneal effusion. No evidences of lymph or pus. Some yellowish-white sub-peritoneal spots proved by the microscope to be fat. The microscope found no evidences of disease in the kidney. Each tunica vaginalis distended with serum, which communicated with that in the abdominal cavity. Nothing in liver.

It is probable that the apoplexy occurred after birth, during the respiratory struggle.

Progress of Medical Science.

NITRATE OF SILVER.

The *British Medical Journal* contains a notice of a paper read before the Obstetrical Society of London, by Robert Ellis, Esq., on the properties of Nitrate of Silver, with the description of a new instrument for its use in uterine disease. While the most opposite opinions are held by different writers concerning its escharotic properties—some denying them wholly, maintaining that it is only stimulant and astringent, and others asserting that it has the power of destroying structure and vitality in the living body, thereby producing a slough—the author inclines to the latter opinion, and describes the physiological action of nitrate of silver as possessing the power to destroy life and structure to the depth of its penetrating power, which, however, is extremely limited. It illustrates this by the experiment of dropping fluid albumen into a strong solution of the salt. The albumen instantly combining with the silver forms a dense, white, semi-solid substance; but on section it is seen that the penetration of the caustic has been very limited, the centre of the mass being unaffected by it. The same occurs when it is employed in surgery, a limited depth of structure only is killed. This is due to the abundant presence of the chlorides in the structure of the living body, which limit the action of the salt by the chemical affinity they have for it. Experiments made on the web of a frog, and the action of the caustic watched under the microscope, afforded conclusive evidence that destruction of tissue followed its application. A minute crystal was placed on the web, and at the end of from seventy to eighty hours the eschar separated, leaving a clean hole in it. No such result followed the application of cantharidine. The methods of rendering the stick cohesive by the addition of chloride of silver, nitrate of lead, nitrate of potash, etc., are pronounced failures, the substance soon becoming penetrated by moisture, thereby reducing its cohesive properties to that of the ordinary fused lunar caustic. The author's instrument was introduced some eight years ago, and consists of a short socket for the caustic down which a platinum pin passing through the caustic is held and retained firmly by a small nut. It is thus impossible to break the stick, and the cervical canal can be cauterized to its highest point, without danger of leaving a portion of the caustic within the canal to produce misery and excoriation. The cover is perforated at the end, by which contrivance the caustic is always kept dry and clean, its moisture evaporating through the aperture. Mr. Ellis uses the perforated caustic in the form of cylinders and also of bullets, the latter form being considered the most useful in patulous conditions of the cervix.

The same journal contains the notice of a paper read before the Royal Medical and Chirurgical Society by Dr. George Harley on

JAUNDICE: ITS PATHOLOGY AND TREATMENT.

In this communication the author brings the various morbid conditions which give rise to jaundice under the two common heads of jaundice from suppression of the biliary function, and jaundice from the reabsorption of the secreted but retained bile, producing two totally different pathological conditions; and the treatment appropriate and beneficial in the one form would be detrimental or hazardous in the other. A simple method of distinguishing the two forms of the disease consists in analysing the urine. In jaundice from suppression, the urine contains only those biliary ingredients which exist preformed in the blood. In jaundice from obstruction, the urine contains, in addition to these, the materials generated in the liver itself, and which have been reabsorbed into the circulation from the distended gall bladder and ducts. A simple mode of distinguishing the two conditions, is to add to about two drachms of urine half a drachm of strong sulphuric acid, and a fragment of loaf sugar the size of a pea. If at the line of contact of the two liquids a scarlet or purple color be produced, it proves that the acids of the bile are present, and the case may be put down as one of jaundice from obstruction. If no bile acid reaction, but merely browning of the sugar be observed, the case is in all probability one of suppression. The employment of benzoic acid is recommended in the latter form of jaundice; and inspissated bile in that arising from obstruction, in which form the patient often dies from slow starvation, in consequence of the absence of bile in the digestive process causing imperfect assimilation of the food to take place. Bile, when given along with the food, instead of aiding the process of digestion, retards it by interfering with the action of the gastric juice. But when administered at the end of stomachal digestion, it acts on the chyme, and renders it fit for absorption.

PARTURITION WITHOUT PAIN.

The Lancet, May 24, contains a description of a new inhaler and anodyne mixture introduced by James Townley of Edinburgh. The inhaler is similar to one in common use, having in addition two tubes, an inch and a quarter long, and a quarter of an inch in diameter, running parallel to its floor, and placed above, and to the sides of the inspiring valve, so as to admit two small streams of fresh air, which to a great extent are inspired unmixed with the vapor of the anodyne. In place of the grating there is a curved prong for retaining the sponge under the right tube and opposite the hole in the right side connected with the cup which receives the mixture to be inhaled. The anodyne mixture is composed of alcohol, two ounces; aromatic tincture, one drachm; with sufficient chloroform added, short of the production of a turbid state of the fluid. The aromatic tincture makes it pleasanter to inhale, and also appears to prevent the sickness which would otherwise sometimes arise from long continued inhalation. The tincture is prepared with nutmegs, one drachm; cloves, two drachms; pterocarp chips, a drachm and a half; water, four ounces; alcohol, five ounces; mix. The object to be attained is to so far influence the nerves of sensation as to prevent pain, without producing unconsciousness. To effect this, the following directions are given: "The woman in the upright or recumbent position, as the case may be, holds the inhaler in her right hand. She is then directed to take a full inspiration, and to apply the inhaler to the mouth and nose. She is then to breathe rapidly for six, eight, or more inspirations (the inspirations and expirations being equal) only with the diaphragm and abdominal muscles, the chest being kept a fixture all the time. The inhaler should then be removed immediately, and one or two full, deep, quick chest inspirations taken. This will be found sufficient to relieve all pain, and there will be no loss of consciousness. During the whole process it is desirable to have a full light upon the face, to watch the countenance and feel the pulse occasionally, and to observe the pupils. These, in some cases, are very quickly affected, and thus the inhalation requires to be suspended for a time. During the time the process is going on, I am in the habit of giving a tea-spoonful of brandy in a cup of weak tea with plenty of milk, and something to eat; or instead, a glass of wine and a little cake or bread and butter, from time to time, to keep up the strength and prevent that sudden pallor of the face which sometimes occurs. I may add, as only a portion of the alcohol is taken up in vapor, it accumulates in the sponge, so that it is necessary occasionally to squeeze it out before adding a fresh quantity." Mr. Townley has now given the anodyne mixture in 216 cases without seeing any bad result, and after mentioning a number of instances in which the previous labors had been very severe or complicated, he concludes that —"1st. It is possible for a woman to be delivered with less pain from the beginning to the end of her labor than a rhubarb draught would occasion. 2d. It is possible to afford that relief without interfering with the regular and natural action of the heart or brain. 3d. It is possible for the child to be born without the mother experiencing any pain whatever, while at the same time she retains her consciousness and power to bear down when told to do so; and the first knowledge of the birth of her child shall be from hearing it cry. 4th. That when a woman is confined without suffering pain, although she shall have had inflammation after each of six previous labors, the prevention of the suffering will have the effect of preventing the usual inflammation. 5th. That by preventing the suffering of labor, the woman does not lose her strength, and always has a speedy recovery."

PREPARED BY DR. P. F. C. DESLANDES.

THE DIAGNOSIS AND TREATMENT OF HYDATIDS OF THE LUNGS AND THE PLEURA IN CHILDREN.

Prof. Henri Roger, Physician to the Children's Hospital, in a paper read before the Société Medicale des Hôpitaux, remarks as follows:—

The rarity of hydatids in children led me to think that this society would listen with some interest to the report of two cases of acephalocysts of the lungs and of the pleura which have lately come under my observation.

It is, we know, during youth and manhood that acephalocysts are most frequently developed, and the frequency of these pathological productions decreases gradually as we approach the extreme limits of life. Dr. Davaine has rightly said in his work (*Traité des Entozoaires, etc.*, Paris, 1860), "that hydatids are almost unknown in children," and has reported as exceptional facts two cases of MM. Cruveilhier and Bodson, the first, one of hydatic cyst which had emptied itself in the intestine, the subject a child twelve days old; the second, one of acephalocystic cyst of the liver in a young girl four years of age. Amongst the many cases of hydatids of the lungs or of the pleura collected by M. Davaine, and which represent almost the whole number of the cases registered in the annals of science, I could only find three which referred to young subjects, and yet these patients were respectively nine years old (case 60); ten years (case 83); and eleven years (case 29).

I will relate the two cases I have observed, and conclude with a few considerations on the diagnosis and treatment of hydatids of the chest.

Case I.—Intra-thoracic hydatic cyst, spontaneous evacuation through the bronchii, complete recovery.

Young P. was born June the 22d, 1848, Rue de Lamarche, in the Marais, of a mother whose health was impaired, and who suffered habitually from hæmoptysis. He was often affected with bronchitis during his first years.

It was during the last half of May, 1856, the child being then eight years old, that M. Descroisilles was called to attend him, under the following circumstances. The little patient had generally been treated, at his boarding-school at Charenton, by the physician of that place, who thought him consumptive. One of our masters in infantile pathology had been consulted in the month of March, of the same year, and his opinion, although expressed with great reserve, seemed to confirm this diagnosis. During the months of June and July, the cough continued with paroxysms sometimes so violent, that it became truly convulsive, presenting the characteristics of hooping-couch. Particularly at night, the dyspnœa was extreme, and the child was obliged to get up every moment and assume a semi-recumbent position on a sofa. The remedies used consisted principally of emetics, frequently administered, and in the application of several cauteries on the right side of the chest. There was considerable dulness in the lower half of this right chest.

On the evening of the eighth of August, after a slight apparent amelioration of the symptoms, following a last application of *pâte de Vienne*, young P., to whom an emetic had been administered in the morning, was seized with an inexpressible pain. He made very strenuous efforts to expectorate, and by dint of introducing, of his own accord, his fingers in his throat, he vomited up a considerable amount of matter, of a purulent aspect, and of an intolerable fœtidness, in which was imbedded a membranous fragment whose smooth and pearly surface gave the idea of an acephalocystic bag. Unfortunately this membrane was not kept.

On the 21st of August, 1856, I was called to see the child, by my friend M. Descroisilles, who was kind enough to give me the preceding history of the case. The description he gave me of the vomited membrane left no doubt as to the correctness of the diagnosis. The child had been considerably relieved by this spontaneous ejection, and from the 12th to the 18th of August he had appeared well enough for M. Descroisilles to remain six days without seeing him. On the 18th there had been a new exacerbation, there was a return of the convulsive cough, extreme anguish, particularly at night. After an emetic, on the morning of the 20th, after violent efforts, during which the little patient seemed threatened with asphyxia, there was expelled a much larger fragment of an acephalocystic bag. This time the hydatic membrane was preserved, and its whiteness, density, and structure showed positively its nature: we could not collect any liquid, and consequently were unable to ascertain if the bag contained any echinococci.

The condition of the child was afterwards much improved. The fever and dyspnœa, although persisting, had greatly diminished; the cough was less frequent and less painful, there was a greyish sero-purulent expectoration, of a peculiar fœtid odor, containing no remains of acephalocysts. The right side of the chest was manifestly dilated in its lower portion, there was dulness on percussion over at least two-fifths of that side, at the base, and the dulness extended to about the same level in front and behind. Throughout the whole of the dull region the vesicular murmur was wanting, and besides, a loud rhonchus was heard on a level with the right bronchus by M. Descroisilles at the time of the passage of the membrane, also a humid râle which gave a bubbling-like sensation, and compared by him to the large mucous râle met with in abundant hæmoptysis: besides this there was no souffle either cavernous or bronchial. The child never had any affection of the liver, and this organ occupied its normal situation, and had its normal dimensions, if we judge at least from the limits of its lower border.

Inhalation of the vapors of iodine was recommended, and used with perseverance for several weeks. From the 1st of September following, M. Descroisilles could pay less frequent visits to the patient, and he suspended them completely on the 23d instant. A few weeks after the second attack, he ascertained that respiration had become again almost normal on the right side. Convalescence has since progressed rapidly: it has remained perfect until the last few days, that is nearly five years.

About the end of July, 1861, the second case, which I shall relate presently, brought back to my mind this first one, and I then inquired from my confrère, M. Descroisilles, if the cure had been complete; when he had the kindness to give me the foregoing details. Shortly after we saw young P. at his boarding-school, and the following is the result of the examination then made.

The child is now thirteen years old, small, and still looks delicate; but his health is very good, he does not cough, has no pain in the chest, and plays and runs like his comrades. The thorax, carefully examined, presents no deformity, except that the right side is rather depressed behind, instead of the prominence normally larger in the hepatic region. Percussion practised at the base of the chest, gives out a natural and equal sound on both sides; the vesicular murmur, perfectly audible, is the same on both sides, and contrary to what happens long after the case of a chronic pleurisy, we find no trace of the grave affection under which the child labored five years before.

The most prominent point in this first case, is the cure, which was simple, remarkably rapid, and also that there has been no relapse for five years. In the following case, the disease, on the contrary, ended fatally. As its diagnosis and treatment presented more difficulties, the practical conclusions to be deduced from it will be better presented after the narration of the case itself.

Reports of Societies.

MEDICAL AND SURGICAL SOCIETY.

DR. WILKES IN THE CHAIR.

MEDICAL AND SURGICAL CASES.

STATED MEETING, Dec. 21, 1861.

(*Continued from page 126.*)

OPERATION FOR COMPLICATED HARE-LIP.

DR. PETERS related a case of operation for complicated hare-lip by Langenbeck's method. The child was five weeks old, and the fissure extended through the hard palate. The edges were pared so that an angular flap was left at the prolabium on one side to fit a bevelled surface on the other. The edges were kept in apposition by the pin suture, and the prolabial flap was united by pin suture to the opposite side. The advantage of this method is that the pouting cicatrix is avoided better than by Malgaigne's method. A brother of this child was operated on at the age of six weeks by Dr. Buck some years ago, and the fissure in the palate has since narrowed considerably.

KNEE-JOINT AMPUTATION.

DR. PETERS also alluded to a case of knee-joint amputation for necrosis of the tibia, that he had recently had at St. Luke's Hospital. The wound was united completely at the end of ten days, excepting in the track of the ligatures. Nearly the same result was obtained in a case operated on a year ago, at the same hospital. The patients were both boys, and both had extensive necrosis of the tibia.

COMPOUND FRACTURE OF TIBIA.—PLASTER OF PARIS SPLINTS.

DR. PETERS also described a case of compound fracture of tibia and fibula, with fracture of the thigh on the same side, in which he had derived great advantage from the use of the plaster of Paris splints. The wound in the leg was covered with collodion, converting the fracture at once into a simple one, no trouble arising from inflammation. The tendency to tilling up of superior fragment was effectually overcome by plaster of Paris splints placed above and below the point of fracture. This being accomplished, he was enabled to treat the fracture of the thigh by the elastic extension. The patient expected to have the apparatus removed in a few days.

DELIRIUM TREMENS AND CONVULSIONS.

Dr. Hinton related a case of delirium tremens, which he had recently attended, where the patient had several severe convulsions the night after he was called, but recovered so as to be quite well again the following day. Dr. Hinton thought delirium tremens patients who had convulsions rarely recovered.

Dr. Bulkley had repeatedly known them to recover.

Dr. McCready thinks such cases are generally complicated with uræmia, and in his experience are generally fatal. No examination of the urine was made in Dr. Hinton's case.

Dr. Agnew made some observations on the epidemic of measles that had lately occurred at the Military Hospital under his charge. There had been two hundred cases, generally in soldiers from the rural districts. The active period of the disease has been, as a general rule, unusually short, and there has been a marked tendency to the development of phthisis during convalescence. There has also been comparative immunity from abscesses of the ear: in two cases only out of two hundred. In eighty cases, seventy-eight had never had the disease before.

The Society then adjourned by limitation.

DR. ADAMS IN THE CHAIR.

Stated Meeting, January 18, 1862.

MULBERRY CALCULUS.—LITHOTOMY.

Dr. Peters exhibited a mulberry calculus which he had recently removed at the N. Y. Hospital from an Irish boy æt. 17. The father of the patient died of gravel. For three past years the patient had followed the sea, and for many years has suffered from an irritable bladder, especially in midsummer. During the last four months there has been great difficulty in urination. There had been hæmaturia but once; the urine contained earthy phosphates, pus, and a little blood. The stone was removed by the lateral operation. The dimensions of the stone were three and seven-eighths inches in its larger, and three and three-eighths inches in its smaller diameter. The weight was four ounces. The surface of the calculus was encrusted with a layer of triple phosphates. The calculus itself is made up of alternate layers of urea and oxalate of lime.

Dr. Elliot alluded to a post-mortem examination of a child under one year of age, in the pelvis of one of whose kidneys he found a calculus as large as four grains of rice.

Dr. Sands referred to a dissecting-room subject, in whom he found a uric acid calculus in the urachus, illustrating the intra-uterine formation of calculus..

FOREIGN BODIES IN TRACHEA.

Dr. Markoe related a case of foreign body in the trachea. The patient was a boy, to whom Dr. Markoe was called to prescribe for cough, which was at first not considered serious. It became very troublesome, however, and was accompanied with spasmodic attacks of dyspnœa. The chest was resonant on percussion, but there were some localized bronchial râles in the left lung. After suffering without relief for five or six weeks, he coughed up a piece of chestnut shell, which he remembered to have swallowed the "wrong way" shortly before the cough began to trouble him.

Dr. Clark related a similar but more remarkable case. His patient was a man, who, four years before Dr. Clark saw him, inhaled while laughing violently a piece of chestnut shell. Cough followed, and continued to annoy him until Dr. Clark saw him. There was no physical sign of disease except imperfect expansion of one lung. Shortly afterwards he had an attack of pneumonia, from which he recovered, though the cough still continued, until six years after the accident before mentioned he expectorated half a chestnut shell, encrusted with calcareous matter. He recovered completely.

Dr. Clark related another case of a boy who swallowed half a timothy head. He coughed constantly for six years, and finally died. The timothy head was found imbedded in a cavity in the centre of the lung, and the lung condensed around it.

Dr. McCready related the case of a girl who swallowed a bead one inch long, which passed into the larynx, and remained there or in the bronchi one year, producing paroxysmal cough and occasionally slight hæmorrhage. One day she coughed it up and swallowed it the right way, and it was afterwards found in the evacuations.

Dr. Buck related the case of a doctor, who in his youth inhaled a piece of cinnamon, which produced cough and hæmorrhage, and great emaciation and prostration of strength. It was finally expectorated, and the symptoms were entirely relieved.

DR. WOOD IN THE CHAIR.

Stated Meeting, February 1, 1862.

FRONTAL NEURALGIA DEPENDENT ON OXALMIA.

Dr. Elliot related a case of persistent frontal neuralgia, which had resisted a great variety of treatment in this country and in Europe. An examination of the brain detected the presence of a considerable amount of oxalate of lime. The patient, in view of this fact, was put upon the use of NO_5, and recovered rapidly and entirely.

SINGULAR CASE OF HERNIA.

Dr. Parker related a singular case of hernia. A young man, enjoying vigorous health, complained for the first time of severe abdominal pain around the umbilicus and in right groin, and some sickness of the stomach, on Monday morning. This not yielding to ordinary remedies, a physician was called, who regarded it as a case of colic, and treated it accordingly. The pain, constipation, and nausea continuing, Dr. Parker was called in consultation on Thursday. He found the patient with a rapid feeble pulse, cool surface, a somewhat tumid abdomen, with tenderness in the right hypogastrium, pain, singultus, and nausea with vomiting. On closer examination, an oblong tumor, soft and doughy to the feel, and somewhat discolored, was found extending from the external abdominal ring upwards and outwards on the right side three and a half inches towards the anterior superior spinous process of the ileum. An examination of the scrotum showed that the testicles had never descended into their vaginal sacs. It was at once decided to cut down upon the tumor. The incision was made along the long axis of the tumor. Cutting through the integument and the common fascia, the tendon of the external oblique was divided, and the sac exposed as well as the right testis. The sac was reversed and extended towards the anterior superior spinous process. About ten inches of the ileum had escaped. It was very dark. The finger was passed in towards the internal ring, which was unusually deep, and the stricture torn with the finger. The gut brightened immediately, and was reduced without difficulty. The patient has probably done well, Dr. P. having heard nothing since the operation, three weeks ago.

PROLAPSED FUNIS.

Dr. Cock related a case of prolapsed *funis*, in which Dr. Thomas's method of reduction was resorted to without success. Dr. Elliot stated that success was not to be anticipated in this operation without manipulation, replacing the cord and maintaining it within the uterus until the head had become engaged, or the cord had been placed behind some projecting part of the fœtus.

American Medical Times.

SATURDAY, SEPTEMBER 13, 1862.

FEMALE NURSES IN HOSPITALS.

A visitor to our military hospitals can but be impressed with the disparity which exists in their general condition as regards cleanliness, order, and all the minor details of hospital economy. While one presents an air of general neatness and frugality, another exhibits only untidiness and waste. In the former order reigns in every department; the kitchen, the mess-room, the laundry, the wards, the beds, the entire furniture, and even the grounds about the building give evidence that a well trained head and a familiar hand control the Establishment. In the latter, confusion and disorder are seen in every quarter, the kitchen is dirty and offensive with foul odors, the mess-room and its disabled furniture are unclean, the beds are soiled, and the wards are filthy with the refuse which patients deposit under and around their beds. If we carry our investigations further, and inquire into the condition of those departments of these hospitals which are not open to observation, but on which the very vitality of the patients depends, the same differences appear, though in a form far more reprehensible. If in a hospital of the former class we examine into the preparation of the food, we shall find that every article is nicely prepared, and by skilled hands. The delicacies are served to the very sick in forms to suit their individual conditions, and stimulate an enfeebled appetite; the administration of medicines is punctual; the beds of the delirious are watched, and their linen never allowed to remain soiled. The very reverse of this is seen in the hospitals of the latter class; the food is so badly cooked as to be both unpalatable and indigestible; the medicines are irregularly administered; night-watching is altogether neglected; and the feeble, uncomplaining, or delirious, are left to die uncared for, and often in a most offensive bodily condition.

It does not require a lengthened inquiry, nor much penetration, to discover the cause of this radical and most essential difference in the military hospitals, now so important a branch of the public service. While it is true that the character and internal condition of a hospital depends much upon the efficiency and executive ability of the medical officer in charge, it is equally true that he cannot successfully manage it without skilled labor in many of its departments. In other words, no hospital can be properly managed without the aid of women. It will not be denied that in those departments where housewifery is the chief business, as in the kitchen, the laundry, and the mess-room, woman cannot be superseded by any more expert or skilful laborer. And yet we have military hospitals in the mess-rooms of which the handiwork of woman is never seen. The food is prepared as in camp, and is frequently more indigestible than before it passed the ordeal to which it was subjected by the cook. In these hospitals the food prepared for the convalescent is of such quality that a well man would become sick, if limited to it. The arrangements of hospitals thus deprived of the aid of woman in those departments to which the common duties of her sex assigned her, are in a most unfavorable sanitary condition. Miss Nightingale has well said: "The contrast between even naval hospitals, where there are female nurses, and military hospitals where there are none, is most astonishing, in point of order and cleanliness;" and again, "the woman is superior in skill to the man in all points of sanitary domestic economy, and more particularly in cleanliness and tidiness."

But we are prepared to go further, and assert that no hospital, civil or military, can be well managed that has not a corps of skilled female nurses. Nursing is as absolutely the peculiar province of woman as any branch of housewifery. The qualities of a good nurse are vigilance, discretion, and gentleness; and these are her special qualities. It is often alleged that women have not the physical capacity to endure the fatigue, and meet the emergencies of military hospitals; and again, that the character of the patients forbids her associating with them in the capacity of nurse. A sufficient answer to these, and all similar objections, is found in the testimony of those who have had practical experience. In the English hospitals, during the Crimean war, female nurses were employed, and gave great satisfaction. The Medical Director of the Civil Hospital at Smyrna states that it was due to the devotion of the female nurses that many severe cases of fever recovered. The present Medical Director of the British army strongly recommends female nurses in permanent hospitals, as the result of years of observation. The French Emperor has well trained female nurses, regularly organized, for military hospitals.

Our own Government early recognised the value of female nurses, and made provision for their employment. The following is a section of an Act passed by Congress, during its Extra Session:—

> "*And be it further enacted*, That in general or permanent hospitals, female nurses may be substituted for soldiers, when, in the opinion of the surgeon-general or medical officer in charge, it is expedient to do so; the number of female nurses to be indicated by the surgeon-general or surgeon in charge of the hospital. The nurses so employed to receive forty cents a day and one ration in kind, or by commutation, in lieu of all emoluments, except transportation in kind."

To give efficiency to this law, the Surgeon-General issued the following Circular, regulating the appointment of nurses:—

CIRCULAR, NO 7.

Surgeon-General's Office.
Washington, D. C., July 14, 1862.

In order to give greater utility to the acts of Miss D. L. Dix, as "Superintendent of Women Nurses" in general hospitals, and to make the employment of such nurses conform more closely to existing laws and orders of the War Department, the following announcement is made for the information and guidance of medical officers and of all concerned:—Miss Dix has been entrusted by the War Department with the duty of selecting women nurses and assigning them to general or permanent military hospitals. Women nurses are not to be employed in such hospitals without her sanction and approval, except in cases of urgent need. Women nurses will be under the control and direction of the medical officer in charge of the hospital to which they are assigned, and may be discharged by him if incompetent, insubordinate, or otherwise unfit for their vocation. Miss Dix is charged with the diligent oversight of women nurses, and with the duty of ascertaining, by personal inspection, whether or not they are properly performing their duties. Medical officers are enjoined to receive her suggestions and counsels with respect, and to carry them into effect, if compatible with the hospital service. As it will be impossible for Miss Dix to supervise in person all the military hospitals, she is authorized to delegate her authority, as herein defined, to subordinate agents, not to exceed one for each city or military district. Women wishing employment as nurses must apply to Miss Dix, or to her authorized agents.

The army regulations allow one nurse to every ten patients (beds) in a general hospital. As it is the expressed will of the Government that a portion of those nurses shall be women, and as Congress has given to the Surgeon-General authority to decide in what numbers women shall be substituted for men, it is ordered that there shall be one woman nurse to two men nurses. Medical officers are hereby required to organize their respective hospitals accordingly. Medical officers requiring women nurses will apply to Miss Dix, or to her authorized agent for the place where their hospitals are loaated. Sisters of Charity will be employed, as at present, under special instructions from this office.

William A. Hammond, *Surgeon-General.*

It would seem, therefore, that the whole responsibility of appointing female nurses, and systematizing their operations, rests with Miss Dix. It is a legitimate subject of inquiry, why has not this most important duty been promptly and faithfully discharged? Many hospitals are suffering sadly from this neglect. We do not know what now occupies the attention of the "Superintendent of Women Nurses;" but we do not think she can render any service more likely to benefit the sick and wounded than the immediate appointment of the full quota of nurses to the various military hospitals.

THE WEEK.

We alluded last week to the want of a systematized plan by which competent surgeons in civil life may be called to the aid of army surgeons in the event of a great battle. We are still more impressed with the folly of such a movement as that set on foot by the Secretary of War during the late engagements. Without consulting the Surgeon-General, and in entire ignorance of the wants of the service, the Secretary telegraphed to the mayors of the different cities to send at once all the surgeons willing to volunteer. The mayors, with equal indiscretion, summoned their medical acquaintances, some of whom were quacks, and gave them government transportation to the capital. To many it was a simple holiday excursion, and they improved it well. Twelve hundred surgeons (?) were soon thronging the streets of Washington, the guests of the government, with nothing to do but study the curiosities of that famous town. The rebels had possession of the wounded, and perhaps it was well for the latter, as they were permitted to die without the aid of "high surgery." The expense to government of this surgical raid upon Washington cannot be less than twenty thousand dollars!

We have suggested that a plan should be adopted which would enable the Surgeon-General (not the Secretary of War, who is presumed to know nothing of the preparations for the care of the sick and wounded) to call to the aid of the medical staff of the army such number of competent surgeons as he may deem necessary to meet the emergency. Let the Surgeon-General of each State be empowered to designate certain surgeons of eminence, who shall hold themselves in readiness, with a sufficient number of assistants, to respond at once to a summons from the Surgeon-General of the U. S. Army. In several States, such organizations were formed in the spring, and furnished an ample corps of practical surgeons during the Peninsular campaign.

The *Richmond Co. Gazette* reiterates its warnings of an epidemic of yellow fever from the violation of quarantine:—"The statement made by us, and generally copied into the New York papers, was, that the ship was infected, as proved by the occurrence of cases on board at various intervals during a period of about forty days; the last case having occurred within a week, the same having died two days after admission into the floating hospital. That the vessel herself became infected by having moored near an infected vessel in the port of Havana, and that on arrival at New York she was placed in Quarantine at the anchorage opposite Tompkinsville, immediately in the track of our ferry boats, where she yet remains, to the great risk of thousands of the citizens of New York, who are daily brought within the influence of her pestiferous atmosphere. Now these facts were presented to show that the law requiring dangerous vessels to be anchored in the lower bay, is openly defied by the Health authorities of New York; and that while the health of Staten Island and Long Island is endangered by the course pursued, the city of New York itself, in consequence of the constant and unrestricted intercourse with the anchorage, is not protected from the possibility of danger. The denial, by the Health authorities, of the presence of cases on board this vessel, does not meet the case at all. The infected ships which, while anchored in Gravesend Bay in 1856, communicated the epidemic to Long Island, had no cases of fever on board. Vessels have frequently been the means of causing yellow fever on Staten Island, weeks after cases had ceased to appear on board. As our Health authorities will not understand this, it is necessary that the public should be rightly informed."

The Academy of Medicine will commence its session on the 17th inst.; and, as will be seen by its list of papers and authors, its coming meetings will be full of interest. The high position which the Academy is yearly assuming among the scientific medical associations of this and other countries, should be a source of pride to the profession of New York. During the past year it made a more rapid advance towards an enduring scientific reputation than at any other period. The character of its papers and discussions was of a high order, and attracted attention and favorable comment in all medical circles. It is now about to issue the first volume of its Bulletin, which, we believe, will take rank among the most valuable publications of this kind. Under its new Constitution and By-Laws the proceedings of the Academy are most harmonious. There are still some slight defects in its organization, which will come up for consideration at a future meeting, and which will doubtless be properly remedied.

The corps of volunteer physicians and surgeons from New York, who responded to the call of the Secretary of War, were placed in charge of the Capitol Hospital. After organizing it, in connexion with Surgeon John Moore, they received from the Surgeon-General a complimentary note, stating that the number of wounded had been greatly exaggerated, and that he had no strictly professional labor for them to perform. He did not, therefore, feel warranted in longer detaining them from their homes and business, but requested the continuation of the organization for future services, if the exigency should occur. The volunteer corps responded by resolutions, returning acknowledgments for the courtesies of the Surgeon-General, and accepting the proposition to continue the organization. The Executive Committee of the organization consists of Drs. **Wm. Detmold**, **John O. Stone**, and **Thad. M. Halstead**.

We are glad to be informed from trustworthy sources that the inspection of recruits in the central and western part of the State is very efficiently performed. Not unfrequently the inspector has given half an hour to the examination of a single recruit. The greatest negligence exists where the U S. authorities undertake the inspection. An incompetent person obtains the appointment and little attention is given to the examination. Like other evils which afflict us, this seems to be past all remedy.

The treatment of diseases and deformities by scientific appliances is now carried to such perfection by qualified medical men, that we feel it a duty to encourage them by every legitimate means. In the manufacture of artificial limbs we have an accession in **Dr. Bly**, of Rochester, who a year or two since first introduced his limb, with lateral motion at the ankle-joint, to the profession of this city. He has now opened an office in New York. **Dr. Henry G. Davis**, who was the first to apply extension and counter-extension scientifically in the treatment of hip-joint disease, has improved upon his former splints by the manufacture of one which would seem to leave nothing to be desired in simplicity, lightness, and efficiency. **Dr. Davis** has opened a fine residence for patients in one of the pleasantest parts of the city, where those who remain under his care may have the comforts and quiet of a home.

Army Medical Intelligence.

REPORT OF DR. JOHN SWINBURNE, OF ALBANY, N. Y., ON THE HOSPITAL AT SAVAGE'S STATION, VIRGINIA.

Dr. Swinburne visited the Army of the Potomac, having a special commission from the Governor of this State, as "Medical Superintendent of New York State troops;" and also a contract with the Surgeon-General of the U. S. Army to co-operate with the surgeons on the field. He was ordered to report to Dr. Milhau, U.S.A., for duty at Savage's Station. His report will explain the nature of his duties, and how heroically he performed them.

REPORT.

I immediately complied, and ascertained that Dr. Milhau had received no instructions in regard to my duties. Hearing nothing further of said special duty, on the morning of the 18th I called on Dr. Tripler, who informed me that I was to establish a general hospital for the sick and wounded at Savage's Station, Va., of which I was to take charge. I was to make requisitions for all articles and material necessary for the construction and furnishing of such hospital. On the same evening I sent in a requisition for approval of seventy-five hospital tents, fifteen hundred stretchers, and other things in proportion. Late in the afternoon of the 19th, the requisition was returned, duly approved. On the same evening I visited the White House and superintended the filling of said requisition. On the 21st inst., the requisition not arriving, I sent a special messenger to the White House, who returned on the same evening with fifteen hospital tents and twenty stretchers. On the 22d, I made a requisition on Dr. Tripler for a detail of one hundred men, and a team for transportation. The requisition was partially complied with. I received thirty men, many of whom did not make their appearance until the 25th. I received no team whatever. With this limited force, we put the outhouses in as good order as possible; put up the tents, and converted our flies into fifteen more; making accommodations for about six hundred patients in all. On the 24th, Dr. Vollum (Med. Insp. Army) visited me, and promised to send me all the tents and accommodations he could. On the 26th, I received one hundred and fifty old A tents, which were intended to be used for the roofs of temporary buildings for hospital purposes. Finding the number of sick increasing so rapidly (being sent from division hospitals), I was obliged to cut poles, and put up shelter with these A tents as best I could. Before night they were full, and many were left without shelter. On the same afternoon many wounded were brought in from the right wing of the army, fed, and immediately transhipped to the White House, agreeably to orders. Those received during the night and the following days remained, with the exception of the few who were able to walk; these moved on to the James river with the army.

The following days (Friday, Saturday and the Sabbath), we received about fifteen hundred wounded. In my surgical labors, I was assisted by Doctors O. Munson, J. Underwood, C. H. Volees, Edmeston, Clark, Page, Hogan, Newell, Dueling, W. A. Smith, J. S. Smith, Fox, Sutton, Dongal, Perkins, Middleton, and Nordan. Subsequently Drs. Faulkner, Philips, Russell, Potter, Bromley, Phillips, Millner, Marsh, and Schell, arrived from other hospitals with their patients and assisted me. Drs. Tripler, Greenleaf, Smith, McClellan, and Milhau, assisted me very materially in the necessary surgery, and the general management of the hospital during this great and important crisis.

Late Saturday afternoon I was informed by Dr. Tripler that it would be necessary for me to remain there, inasmuch as in the course of a few hours the enemy would have possession, and that I must provide myself with food for at least one week: that he would give me an *ad libitum* order on the Commissary for stores to that end, which he did; that he would also give me a letter from Gen. McClellan to the commanding officer of the Confederate forces, explaining my position and his pleasure with regard to the wounded and sick.

In reference to the difficulty which now remained, to procure the transportation of food and hospital stores from the general commissary stores, I was unable that evening to obtain any detail, either of men or wagons, to make this transfer. Notwithstanding, I continued these efforts until twelve o'clock at night, and renewed them again at four o'clock in the morning. At 7 A.M. I had made but little progress. During Saturday evening, or early Sunday morning, I called on the proper authority (Gen. Williams), and begged that the general commissary stores should not be destroyed; or that I should be supplied with sufficient quantity before such destruction should take place.

Early Sunday morning I was rudely upbraided by Assistant Adjutant-General McKelver, of Gen. Heintzelman's staff, for not having already supplied myself with proper hospital stores. I applied to Quartermaster Wicks, in accordance with Special Order No. 186, who not only neglected to furnish the transportation, but insulted me in the grossest manner, as he had on a previous occasion; the facts of which were simply these:—After receiving my tents, and some other portions of my requisition, I found that portion which called for shovels, spades, and axes, had not been complied with, and that my detail of thirty men were waiting for them. In order to accomplish my labors, I borrowed a few from Quartermaster King which belonged to Quartermaster Weeks, but which he (King) had mistaken for his own. Quartermaster Weeks treated me very unkindly at this time, and compelled me to return the few that I had, and keep my detail waiting nearly two days before I could obtain my tools on requisition. Finding it necessary to have operating tables, of which my hospital was entirely destitute (notwithstanding the requisition for such), and finding that Quartermaster Wicks alone had tools necessary to make them, I applied to him for them, and, after allowing my carpenter to make one table, he ordered them taken from him; and when spoken to in reference to this course, he answered: "The instruments are mine, and I have a right to do with them as I have a mind." And when told the use of the instruments was not a personal favor, but necessary for the wounded, he then ordered me out of his tent, hoping I would never "come back again," with many unpleasant expressions. I simply said I would return as often as my business called me there. But to Captain McKelvey and the other members of Gen. H.'s staff, I am indebted for many attentions.

During the forenoon of Sunday, I succeeded in coaxing and hiring a few men to take up a small quantity of commissary stores. About noon the ever generous General Sumner appeared on the ground, who, after hearing all the facts, sent a detail of one hundred men and supplied us pretty bountifully with food. Still we had no sugar nor tea, which could have been procured by transportation at a distance of less than one-fourth of a mile, and was of course destroyed with the rest of the commissary stores. In this way the day was consumed. General Sumner also saved me fifty hospital tents which would have otherwise been destroyed, and hence would have caused much suffering, inasmuch as there were then several hundred wounded lying on the ground without shelter, and these tents were required for that purpose. The next morning the enemy took possession, carried off our nurse and labor detail, and caused otherwise much confusion, so that the doctors were converted into nurses, &c., instead of exercising their proper vocation. In this way their valuable time was consumed, instead of attending to the necessary and proper surgical operations suitable at this period after injury. We were thus employed in performing duties which would otherwise have devolved upon cooks, nurses, hospital stewards, etc.

Sunday evening the forces of General Sumner were drawn up in battle array. Opposite to them and at right angles with the house (hospital) were the forces of the enemy. Obliquely from the house (hospital), and nearly on a line, was placed a Confederate battery, the first shell from which burst directly over the hospital, wounding one man slightly and frightening the others very much. The second shot burst just over the tents, killing one man by decapitation, and perforating the tent in many places. I then sent out a flag of truce with the following communication:

GEN'L HOSPITAL, SAVAGE'S STATION,
June 29, 1862.

To Commanding General }
Confederate Forces. }

This is a hospital which contains two thousand sick and wounded, some of them being your own—one Col. Lamar of Georgia.

Very respectfully,
JOHN SWINBURNE,
Surgeon in charge.

He replied as follows:

The hospital will not be fired into unless undue advantage is taken of its flag.

A. CONRAD,
A. A. Gen'l Confed. Forces.

Soon after I received a peremptory order from General Sumner "to come to (his) headquarters immediately," with which order I complied, and received a gentle but decided reprimand for presuming to send out a flag of truce without his order. Soon after a battle ensued, from which we received about thirty-five wounded, many of them mortally.

On Monday and Tuesday we were engaged in systematizing and making general arrangements for the comfort of the patients. On Tuesday, Gen. Stonewall Jackson, C. S. A., sent a messenger to ascertain our wants and necessities,—I returned with the messenger, and had a conference with Dr. McGuire,* medical director Jackson's army; he informed me that we (the surgeons) were not prisoners of war—that we were free to go wherever we deemed our services requisite among the sick and wounded. He gave me a pass to visit the various hospitals where our wounded were situated, and learning that many of our wounded were lying on the battle-field of Monday, I returned on Wednesday with three ambulances loaded with food, and two surgeons, Dr. Edmeston of the 48th New York, and Dr. Underwood, Volunteer Surgeon, Massachusetts, leaving them at points where their services were most needed. I visited the battle-field of Monday, and found many of our wounded still on the field, and uncared for. I called on Dr. Mott, Medical Director of Gen. D. H. Hills, C. S. A., who detailed Dr. Page, surgeon, C. S. A., who, with a corps of detailed men, removed all he could find to suitable places (small houses in the neighborhood); these were attended principally by our own surgeons, of whom there was a very efficient corps.† On visiting the battle-field of Tuesday, I found the house and barn of Dr. ——— contained several wounded, who had no medical attendance or food. I called on Gen. McGruder, C. S. A., who, after hearing the facts of the case, sent some of our own men to attend them, as well as rations. In conversation with him in reference to paroling our wounded, he also suggested that I should communicate the facts of our situation and necessities to Gen. Lee, commander-in-chief, C. S. A., with which request I complied; the following is a copy of my letter:—

GEN. MACGRUDER'S HEADQUARTERS, }
CREW'S HOUSE, VA., July 8, 1862. }

GEN. R. E. LEE:—Sir—I am left here by order of Gen. McClellan [a copy of the order had already been sent to him], to look after the welfare of the sick and wounded, and since there are numbers of them placed in temporary hospitals extending from Gaines' house to the James river, a distance of about fifteen miles, and inasmuch as it is impossible for me to oversee and insure proper attention as to medication, nursing, and food, I would therefore propose that some suitable arrangement be made either for concentrating them at Savage's and other stations, that these ends might be obtained, or what would be still more agreeable to the demands of humanity, namely, the unconditional parole of these sufferers.

From what I learn of your ideas of humanity, I feel assured (even if the Federal Government do not recognise the principle of mutual exchange) that this rule will not be extended to the unfortunate sick and wounded. The real prisoners of war should be treated as belligerents—while humanity shudders at the idea of putting the wounded on the same footing. Your surgeons have performed miracles in the way of kindness both to us as surgeons, as well as to the wounded. If this proposition does not meet with favor, I will, with your permission, communicate with the Federal Government, that some basis of transfer may be arrived at. The majority, in fact all the medical directors of your army with whom I have conferred, fully agree with me as to the humanity of carrying out this proposition. My object in asking an immediate, unconditional parole is, that time should be saved, and that the sufferers should be released more speedily. Hoping to hear from you soon,

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* I believe it is to Dr. McGuire that we are indebted for establishing the precedent which exempts physicians from the ordinary usages of war.

† The names of Skilton, Robinson, McNeill, Donnelly, Ritinger, Osborne, Fossard, Collins, Cogswell, Underwood, and my friend and fellow townsman Edmeston, were among the number I now remember as efficient laborers.

I remain respectfully yours, &c.,
J. Swinburne, *Surgeon in charge.*

To which Gen. Lee returned the following answer:—

Headquarters, Army N. Va.,
July 4, 1862

Sir:—I regret to learn the extreme suffering of the sick and wounded Federal prisoners that have fallen into our hands. I will do all that lies in my power to alleviate their sufferings. I will cause steps to be taken to give you every facility in concentrating them at Savage's station. I am willing to release the sick and wounded on their parole not to bear arms against the Confederate States until regularly exchanged. But at present I have no means of carrying such an arrangement into effect. Certainly such a release will be a great relief to them. Those who are well and in attendance upon the hospitals, except those who were left for the purpose, could not be included in such an arrangement, but must be sent into the interior as prisoners of war until regularly exchanged.

Very respectfully your obed't servant,
R. E. Lee, *General.*

Dr. J. Swinburne,
Acting Surgeon in charge.

Being now nearly eleven o'clock at night I returned to Dr. ——'s house and stayed for the night. In the morning I visited the various farm-houses about the battle-field of Tuesday, and found that all the wounded had been removed to Malvern Hill (overlooking James river) where, as I learned, they were well cared for. While passing Gen. McGruder's head-quarters, Dr. Guild, C. S. A. Medical Director, handed me the following note.

"Malvern Hill, *July* 8, 1862.

"There are several cases which are needing capital operations, and which are of the latest date. Shall they remain there to be operated on? If so, further aid will be needed to continue the preparations for the removal of the others, as our time will be fully occupied. Can we possibly have further aid? If Dr. Swinburne can come (I hear he is in the vicinity) I would like it, or some other Federal surgeon.

"I judge by this time some of them at Savage's Station must be at leisure.

"Resp'y sub.,
"C. B. White, *Ass. Surg. U.S.A.*

"To Maj. Gen'l McGruder, *C. S. A.*"

In compliance with this request, I repaired to Pitt's house. I stayed with Doctors White, Chamberlain, and Jewett, that day and part of the next, performing all the operations necessary at this period. Returning to the field of Monday, I was informed by some of the Confederates that some of our wounded were in a dense forest near by. Upon visiting the place, I found several in the position indicated, all of whom had been fed, and water given to them by the Confederate soldiers. I caused steps to be taken to have them removed immediately to a place where they could be cared for. I again visited the neighboring hospitals, found the surgeons U. S. A. were attending to their duty faithfully, and returned the same evening to Savage's Station, where I found my patients doing well; but my nurses—what few remained—pretty thoroughly worked out. In this connexion, I wish to make special mention of my *volunteer* corps of nurses; which consisted of Mr. Brunot, and several nurses from Pittsburgh, Pa.; Rev. Mr. Reed, Washington, D. C.; and Mr. Howell of Chicago. These gentlemen assisted in the organization of the hospital, superintending the cooking and dispensing of food, as well as all those little things which belong to a hospital steward, and the general management of a hospital. Up to this time, and for some days afterwards, the Confederate authorities had neglected either to return the nurses that they took from us at the time we became prisoners, or send us others. This neglect on their part not only increased our labors, but rendered the wounded less comfortable, and in some instances proved fatal.

(*To be Continued.*)

Correspondence.

FOREIGN CORRESPONDENCE.

LETTER X.

By PROF. CHARLES A. LEE.

London, July 20, 1862.

Having devoted considerable time of late in visiting various Lunatic and Idiot Asylums, and other public institutions, I will present a notice of some of the more important.

One of the pleasant excursions which I made in company with the members of the "Social Congress," was to "Earleswood," near Riegate, Sussex, to visit the asylum for idiots, established in 1847, through the efforts of the Rev. Andrew Reed, D.D., well known and highly honored in the United States.

The edifice is very large and handsome, highly ornamented, and extremely well adapted to the object for which it was erected. It is situated in a very picturesque and undulating region, under the highest cultivation, and adorned with the most tasteful mansions, villas, gardens, parks, and cottages. An extensive and beautiful lawn slopes gently away from the front entrance, interspersed with beds of flowers in full bloom, and large shade trees, while the grounds and farm lie on the right hand, laid out with excellent taste and with real simplicity of style. Great and successful efforts have been made to throw an air of cheerfulness around this beautiful home of the poor imbecile—this model English asylum—which cannot fail to exert a most favorable influence in meliorating the condition of the weak-minded and idiotic, and stimulating his feeble powers both of mind and body. No finer situation for a building could, perhaps, have been found, and art has done as much as nature to beautify the place. Even its proximity to the railroad, and the frequent passing of the trains, tends much to enliven the scene and give a degree of animation to the place, which is not without its effect on the inmates. The main building stands apparently on a terrace, raised considerably above the adjacent grounds, having a fine, imposing entrance, with an extensive wing for the males on one side and for females on the other, and commanding an extensive and beautiful view. On entering we pass at once into a large, lofty, and well ventilated hall, kept with the utmost neatness. On the left is the large reception room, its walls ornamented with drawings the work of the pupils, many of them displaying a very cultivated taste and practised hand. It has been truly said that the repositories of the work of the blind and the idiot manifest greater advance of our age than galleries of the highest art and most gifted ingenuity. Under the guidance of Dr. Down, the able and gentlemanly resident physician and superintendent, we were conducted throughout the building, taking on our way the spacious and airy dining hall and the play-rooms for the various classes, all of which were well furnished for their respective purposes, which were fully, and in detail, pointed out. The inmates are carefully classified, each individual being assigned to one of this series of rooms according to apparent mental power. Amusements are provided also for all, according to capacity, and with special suitability to awakening the dormant faculties. In this way companionship is cultivated and cheerfulness promoted. There were six classes in all, being graduated according to mental development. Here various games are constantly going on, in which a lively interest seems to be taken, thus stimulating the latent powers into activity. There was an air of comfort, and even happiness, in the inmates which was quite unexpected, while the features were often lighted up by intelligence and feeling. The games and amusements pursued in these rooms are of a quiet kind; while in the basement there is a large play-room for wet days, where foot-ball and ninepins are played. Out of doors I noticed abundant provisions for cricket, skittles, and swings, as well as all kinds of healthy gymnastics. Experience has fully established the fact, that the true way to develop the intellect of an idiot is to begin with the bodily faculties; for as soon as these are quickened and improved the long-latent mind gradually appears, and the obvious reason is that these regulated bodily exercises imply the exercise of will and attention, of memory and judgment, which, by frequent acts of repetition, become gradually developed and strengthened. The mind of an imbecile seems to be veiled by an imperfect, defective organization, and a consequent feeble and deranged nervous system; and as soon as these are improved the mind proportionately beams forth.

It is unnecessary here to point out the different lessons and modes of instructing the idiotic, as they are generally sufficiently well known.

Object lessons are those generally employed, and a museum of natural curiosities serves as a most important and valuable aid. The great desideratum is to create an interest, to awaken attention, and that is successfully attained by lectures with illuminated figures of animals, dissolving views of places, and astronomical and other diagrams and objects of natural history shown by powerful lanterns. We next visited the workshops, into which the inmates are introduced as soon as is deemed expedient, and in which they soon find great gratification. Some of the younger and least advanced were picking fibres from the cocoa for mats, all of which covering the floors were made in the institution. This is an excellent discipline, as it teaches them to sit still, while they, at the same time, employ their hands in useful work; thus awakening attention, eliciting regulated bodily movements, and gradually evolving the mental and bodily powers. Considering that all their motions have heretofore been involuntary, it is by no means strange that their will is dormant, as well as all their other faculties, and that such simple means as picking cocoa-fibre should prove such an excellent discipline and means of improvement. The only wonder is that teachers can be found having sufficient patience to instruct such dull and slow learners. Plaiting the cocoa-fibre is the next step in discipline after picking it, and this requires a higher cultivation of the physical and intellectual powers. The fingers have, by this time, acquired the habit of obeying the will, and so we have figured hearth rugs of pretty patterns turned out, and strong and good mats made which have no marks of inferior workmanship. Regular and well directed diligence marks the conduct of the more advanced classes, while their features assume more the expression of intelligent beings. In other rooms I saw tailoring and shoemaking being carried on with a very creditable degree of skill; also basket-making, carpenters, etc. There is a large and beautiful model of a man-of-war, with all its masts, rigging, portholes, etc., made by one of the inmates; every part being arranged and completed with consummate skill and accuracy. The pupils are placed in the different shops, according to the trade for which they manifest the greatest inclination, after being allowed for a time to be lookers-on. They are thus led on, step by step, every success leading to further improvement. What can be more delightful to a human mind than to see a poor idiot showing, with apparent pride, the fruits of his own industry, while he is comforted and encouraged by its being inspected and by a few words of judicious praise?

Although I did not notice, what a recent French writer speaks of having witnessed in a similar institution in France, viz. a little vehicle containing two paralytics drawn by two imbeciles, children, and pushed from behind by two that are blind; yet I saw many hand carriages for cripples unable to walk, and drawn about the grounds by their companions.

The dormitories appeared well ventilated and very neatly kept; the sheets and counterpanes were white and clean, and everything bore marks of the utmost neatness and cleanliness. The present number of pupils is 320—227 males and 93 females; and their general appearance, health, cheerfulness, and activity, gave the most satisfactory evidence of the bodily and mental care taken of them. I do not see how the sanitary arrangements of the establishment could be improved; nor is it easy to perceive how any better expedients could be adopted for eliciting observation, or training to habits of order and usefulness. The methods employed to teach by cabinets of objects in common use, their form, color, taste, smell, size, weight, and use, were extremely happy and judicious. Nothing, in fact, seems wanting for the instruction and comfort of the inmates. The corridors are decorated with plates, paintings, and engravings, with singing birds in ornamental cages; glass globes containing gold-fish are suspended, and the windows enlivened by baskets of flowers and ferns. Scrap-books filled with prints lie on the tables, and numerous toys are always at hand. I should have stated that as we approached the building, the male and female pupils, in separate columns, each holding a handsome flag, were marching down the lawn in the highest glee, to the music of a splendid instrumental band, composed of the officers and attendants of the institution; it was a beautiful and impressive sight.

There were numerous hopeless cases in an upper portion of the building; but it is a question whether such asylums as these should not be entirely appropriated to such as promise more or less hope of amelioration. Christian benevolence should provide homes for the hopeless insane and idiotic, apart from institutions designed for their cure or relief, as the presence of such exerts an unfavorable influence upon the others. There are many admirable expedients resorted to here for the development of the faculties which are worthy of special commendation, such as playing at shop-keeping, the pretended shop being furnished with rice, nuts, marbles, etc.; some of the pupils acting as customers and some as venders. The customer being supplied with coins of different value, makes his purchases and receives his change, thus becoming acquainted with the value and use of money, while the memory, faculty of speech, attention, etc., are all strengthened. Improvement in speech is also aided by the cabinet of objects, the utterance of the names of which includes all the sounds of the English language.

The exercises of drill are varied, lively, and arranged so as to induce care and rapidity of movement, ready obedience to the word of command, and attention to time and tune. There are also classes for teaching the process of dressing and initiating the pupils into all the processes of tying, buttoning, putting on and off the different garments, etc. The girls are taught needlework, some use the sewing machine, and others are employed in household work. Several boys taught in this establishment now support themselves as mechanics. The garden and farm of over 100 acres offer very excellent and varied employment, adapted to different intellectual grades, and affording a sphere of occupation for many whose health would be incompatible with indoor work. A farm seems essential to a school like this, inasmuch as it affords healthful employment, recreation, and country walks, without intruding on the notice of the neighborhood. A large stock of cows are kept; many of the pupils have been taught to milk, while others prepare the fodder and attend to the cleanliness of the animals. So far as I could learn from a single visit, perfect order and system prevail throughout the entire establishment, which is furnished with all the conveniences and appliances to promote the health, comfort, and improvement and happiness of the inmates, and may, with truth, be pronounced the *Model Idiot Asylum*, not only of England, but of the world.

* * *

Suicide in France.—A curious calculation respecting suicides in France has just been published. It shows that the number of suicides committed in France since the beginning of the present century is not less than 800,000. —*Brit. Jour.*

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 1st day of September to the 8th day of September, 1862.

Deaths.—Men, 90; women, 78; boys, 183; girls, 179; total, 530. Adults, 168; children, 367; males, 273; females, 257; colored, 6. Infants under two years of age, 285. Children born of native parents, 46; foreign, 281.

Among the causes of death we notice:—Apoplexy, 7; infantile convulsions, 33; croup, 9; diphtheria, 9; scarlet fever, 5; typhus and typhoid fevers, 11; consumption, 62; small-pox, 3; measles, 2; dropsy of head, 16; infantile marasmus, 63; cholera infantum, 89; inflammation of brain, 12; of bowels, 9; of lungs, 13; bronchitis, 6; whooping-cough, 10; congestion of brain, 3; of lungs, 5; erysipelas, 0; diarrhœa and dysentery, 86. 308 deaths occurred from acute diseases, and 30 from violent causes. 392 were native, and 138 foreign; of whom 83 came from Ireland; 64 died in the City Charities; of whom 21 were in Bellevue Hospital, and 5 died in the Immigrant Institution.

Abstract of the Atmospherical Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Sept. 1862	Barometer.		Temperature.			Difference of dry and wet bulb. Thrm.		Wind.	Mean amount of cloud.	Humidity Sat'tion, 1000
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	In.	In.	°	°	°	°	°			
1st.	29.71	.15	66	52	83	5	7	S.	3	717
2d.	29.87	.20	55	45	68	9	12	W.	1	525
3d.	30.00	.17	58	51	65	11	16	N. W.	1	440
4th.	30.21	.11	64	57	71	10	14	S. W.	1	487
5th.	30.12	.11	69	61	76	8	12	S. W.	1	574
6th.	30.05	.08	75	65	84	8	11	S. W.	.04	582
7th.	30.05	.04	73	66	80	7	11	S.	.67	617

Remarks.—1st, Sultry, ⅓ in. of rain between 7 and 8 P.M. 2d, 3d, and 4th, Fine, with fresh winds. 5th, 6th, and 7th, Sultry, and mostly clear.

SPECIAL NOTICES.

The regular meetings of the New York Academy of Medicine will be resumed on Wednesday, the 17th inst., at 8 o'clock P.M.

The Examination for Junior Assistants to Bellevue Hospital will take place on Monday, Sept. 22, 1862. Application must be made at once to the Chairman, Dr. James R. Wood, *No. 2 Irving Place. The Applicant must come recommended to the Committee by a member of the Medical Board of Bellevue Hospital.*

New York Academy of Medicine.—*The following subjects will be presented to the New York Academy of Medicine during the present term:—*

1. *Sept. 17th. A Paper on Peri-Uterine Hæmatocele, by* Dr. E. Noeggerath.
2. *Oct. The discussion will be opened on Albuminuria, it having been introduced by* Dr. A. Clark *at the late meetings of the Academy.*
3. Dr. A. S. Purple *will read the Memoir of the late* John Stearns, M.D., *First President of the Academy, and a discussion on Ergot will follow.*
4. Dr. Austin Flint *will read a Paper on "Alcoholic Stimulants in Pulmonary Tuberculosis."*
5. Dr. J. Lewis Smith *will read a Paper on Cyanosis.*
6. Dr. John Ordronaux *will read a Paper relating to Legal Medical Evidence.*
7. Dr. John W. Draper *will furnish a Paper.*
8. Dr. John H. Griscom *will present a Paper relating to Public Hygiene.*

There are several other gentlemen who have promised Papers, but whose names we are not permitted to publish. Many other subjects will come up for discussion.

The object of this general notice is, that the Fellows may have time to prepare to take part in the discussions.

James Anderson, M.D.

Bellevue Hospital Medical College.—*Opening of Preliminary Term.—The Preliminary Term of this College will commence on Wednesday, Sept. 17. Students are requested to assemble in the College Lecture-room at 1 P.M., preparatory to visiting Blackwell's Island Hospital at 1½ P.M. The order of lectures will then be announced.*

Dr. Churchill's Hypophosphites.
PREVENTION AND CURE OF CONSUMPTION
A supply of these important medicines,
SYRUP OF HYPOPHOSPHITE OF SODA,
SYPUP OF HYPOPHOSPHITE OF LIME,
PILLS OF HYPOPHOSPHITE OF QUININE,
PILLS OF HYPOPHOSPHITE OF MANGANESE,
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Wm. H. Davol, M.D., late Physician to L. I. College Hospital, Brooklyn, removed to St. Paul, Minn.
References.—C. L. Mitchell, M.D., T. L. Mason, M.D., Prof. E. N. Chapman, M.D., of Brooklyn; Prof. Austin Flint, M.D., Prof. B. F. Barker, M.D., of New York.

American Journal of Ophthalmology
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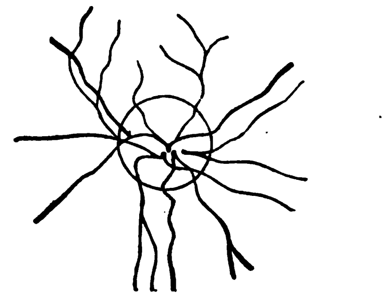

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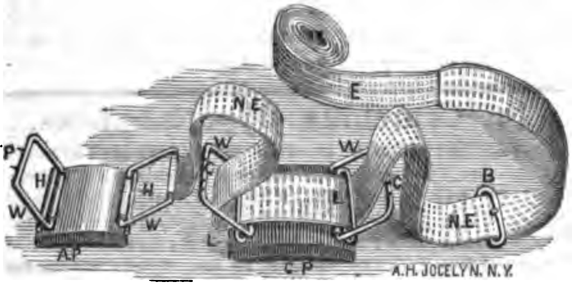

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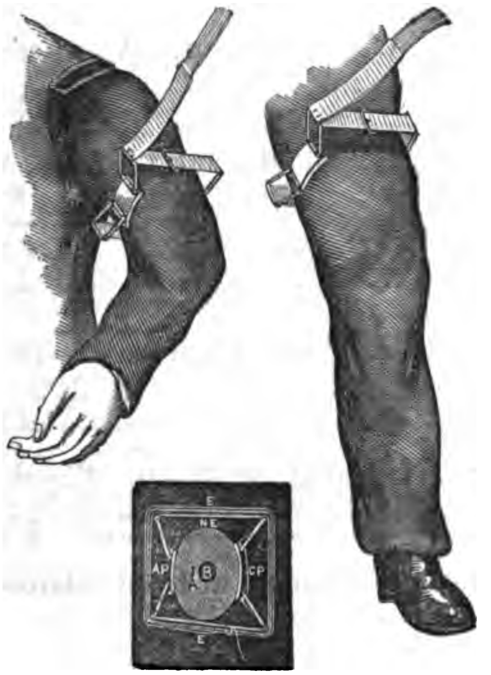

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LECTURE XIII.

By A. JACOBI, M.D.,

PROF. OF INFANTILE PATHOLOGY AND THERAPEUTICS.

Therapeutics of Dentition.—Means of Alleviating Dentition.—Scarification of the Gums.

It has been the object of my lectures to prove that dentition is neither a disease nor a direct cause of diseases, except in very rare cases. I believe I have shown that all those diseases of the cutaneous, circulatory, respiratory, and nervous organs, generally attributed to dentition, are in no, or very loose, connexion with the physiological process of teething; that further, pathological occurrences cannot, in themselves, be accounted for by a simple and undisturbed physiological process; and finally, that disturbances are very rare indeed. It is, therefore, at least superfluous to more than mention these facts, as they are too fresh in your memory to require more than a mere reference to my former lectures. Now, if dentition is no disease, what right have I to speak of the therapeutics of dentition? I answer myself, that I have none. The diseases we have reviewed with each other, which were said to depend on dentition, require a treatment of some kind. But you have learned that their presumed dependency on dentition had not the least influence on their treatment. Thus we cannot even say that dentition, as it has not the slightest effect on the nature of those diseases, the etiology of which may be very complicated, has certainly none on their treatment.

Thus there is no treatment of dentition as such. Whatever treatment has been resorted to, has even in former times been very rarely of a general character. We should have to except from this general remark the common practice of purging by remedial agents such children as would not suffer from diarrhœa during the protrusion of a tooth or a group of teeth. But there are a number of local contrivances that have been resorted to, partially for the purpose of curing such diseases as were considered the consequences of dentition; partially, however, for their prevention. Among the latter I comprehend the articles prepared from leather, wood, bone, India-rubber, which are destined to help the little ones in the work of the gradual absorption of the gums, or to relieve whatever annoying sensation they have or are supposed to have. I do not think that they can hurt, at all events I am not afraid of the inflammation which several authors suppose to follow the frequent use of these things. As to other means of alleviating or escaping the sufferings of dentition, every country, both civilized and barbarous, has invented its own; and what the instinct of the people did not furnish, has very frequently been sinned by those who ought to have known, and taught, better. According to Dr. Magaziner, the inhabitants of the regions around the Caspian Sea fill a quill with metallic mercury, and envelop it in a piece of leather or a woollen rag, in order to influence the secretion of milk in the female breast. Suspended over the chest, it is believed to increase the amount of milk, while it is believed to decrease when the metal is suspended on the back. This popular belief Dr. Smirnoff has attempted to transfer into practice and science on quite a different territory. He applied the same contrivance in cases of "difficult dentition," and succeeded so well, that he instantaneously made his discovery public. Up to this time the world has proved ungrateful. The modern Greeks, as we learn from the communications of Pr. Landrer, of Athens, to the Archives of Pharmacy (Oct. 1851), alleviate difficult dentition, and accelerate the protrusion of teeth, by daily frictions of the gums with the fresh brain of hares. A number of curious facts of a similar nature could be collected, if it was worth while in a time when the brain of medical persons is still overtaxed to excel by some unexpectedly clever invention of their own. I have availed myself of some former opportunity to speak to you of Dr. Delabarre's Dentition Syrup, by which not only the tickling sensation of the gums of teething children is removed, but at the same time the immense number of diseases following this tickling sensation is prevented. It ranks with the numerous nostrums of the newspaper advertisements, and will, I hope, be forgotten with them.

Of the treatment of such diseases as have been believed to depend on dentition, I have spoken at different times, at the same time when I took some pains to elucidate their etiology; the measures for the purpose of preventing disease, by protecting the infantile organs, and by a proper diet, further, the measures for securing easy dentition, by securing general health, have repeatedly been the subject of our conversation. There is, however, one of the numerous means used for the purpose of alleviating dentition and curing dental diseases, on which I feel both bound and inclined to make a few remarks, viz. scarifications of the gums for the purpose of allowing a more rapid protrusion of a tooth, and thus affording protection or recovery from dangerous dental maladies.

Scarification of the gums has been practised for hundreds of years. Ambrose Paré lanced the gums of his own children. Harris, Van Swieten, and others, practised the same operation, but never before the gum would be stretched and prominent over the tooth, leaving its alveolus. They were of the opinion that the premature performance of the operation would be followed by a cicatrix of so solid a character that at a later time the tooth would find serious difficulties in piercing the gums. Benjamin Bell, however, and Richter, assert that deferring the operation until the period mentioned renders it entirely unnecessary; for the derangements following difficult dentition are perceptible before the piercing of the gums; therefore the gums must be lanced early in order to encounter the dangers of difficult dentition; if the incision were made prematurely, it might be repeated. Richter, moreover, believes the usefulness of lancing the gums to consist in the hæmorrhage produced by this operation. Others advise to delay its performance until other means to check or remove morbid symptoms have failed. Girtanner praises it as the safeguard of many children who would have been lost without it; Camus, however, declares it to be both useless and injurious; he also doubts if the convulsions so generally attributed to the influence of difficult dentition really depend on the presumed cause.

The methods of the operation that have been recommended are just as various as the opinions concerning its value. One makes a single transverse incision, the other, a cross incision; others act in the former manner over the incisors, in the latter, before the appearance of the molars. Boyer removes the whole portion of the gum as far as it covers the tooth, attempting in this manner to avoid the rapid reparative process generally following the operation, which is of such power and rapidity that Hunter was compelled to scarify ten times for the very same tooth. Again, others report that a single transverse incision is sufficient to remove very severe symptoms. This observation has particularly been made in cases of convulsions, which sometimes would not return after a sufficient incision. Mombert urges this fact, but at the same time advises not to lance the gum before the tooth is really ready to pierce it. His reason for this advice is the solidity of the cicatrization. He often repeats the operation, but is averse to cutting to any depth. In his opinion it becomes but rarely necessary for the incisors, more frequently for the molars, most often for the canine teeth; because in these the gums, from their pointed and conical form, are still irritated after the sharp crown has commenced penetrating. The incision is to be made without hesitation where, with the presence of dangerous symptoms, the teeth show their white color through the gums, when these are extended, hot, and swelled, when the infants cry constantly, where soothing applications to the gums have been unsuccessful (such a soothing application is said to be: mel. rosar. ʒij; succ. citr. ʒj; aq. amygdal. amar. ℈ij), and where the general symptoms have not given way to the generally known remedies. If the symptoms are no less after the incision, or return after hours or days, the operation must be repeated; suppuration is very seldom observed. Unless, however, a third incision removes the morbid symptoms, there must be other causes for them. Thus, the author makes incisions where the symptoms were not removed by the generally known remedies; and where incisions will not help, he concludes that dentition is not the cause of the symptoms, and probably returns to his "generally known remedies." What they are is not known to us. A curious manner both of diagnosticating the nature of an ailment, and of curing it.

The most emphatic eulogizer of the scarification of the gums is Marshall Hall. I cannot do him more justice, nor prove more impartial, than by quoting his very words. He says:

"There is no practical fact, of the truth and value of which I am more satisfied, than that of the effect and efficacy of scarification of the gums in infants, and not in infants only, but in children. But the prevailing, I may say the universal, idea on this subject is, that we should lance the gums only when the teeth are ready to pierce through them, and only at the most prominent part of the gums, and as the occasion to which I have referred may require; and no idea of this important measure can be more inadequate to its real value. The process of teething is one of augmented arterial action and of vascular action generally; but it is also one of augmented nervous action; for formation, like nutrition, secretion, etc., generally, is always a nervo-vascular action; and of this the case in question is, from its peculiar rapidity, one of the most energetic. Like other physiological processes, it is apt to become, from that very character of energy, pathological, or of morbid activity. It is obviously, then, attended with extreme suffering to the little patient; the brain is irritable, and the child is restless and cross; the gums are tumid and heated; there is fever, an affection of the general vascular system, and there are, too frequently, convulsions of various degrees and kinds, manifested in the muscles which move the eyeball, the thumb and finger, the toe, the larynx, the parietes of the respiratory cavities; and the limbs and frame in general, affections of the excito-motor part of the nervous system, and of the secretion of the liver, kidneys, and intestines, affections of the ganglionic division of that system."

"It is to the base of the gums, not to their apex merely, that the scarification should be applied. The most marked case in which I have observed the instant good effect of scarification, was one in which all the teeth had pierced the gums. Better scarify the gums one hundred times unnecessarily, than allow the accession of one fit of convulsions from the neglect of this operation, which is equally important in its results, and trifling in its character. And it is not merely the prominent and tense gums over the edges of the teeth which should be divided; the gums, or rather the bloodvessels, immediately over the very nerves of the teeth, should be scarified and divided. Now, while there is fever or restlessness, or tendency to spasm, or convulsion, this local bloodletting should be repeated daily, and in urgent cases even twice a day A skilful person does it in a minute, and in a minute often prevents a serious attack; an attack which may cripple the mind, or the limbs, or even take the life of the little patient, if frequently repeated. There is, in fact, no comparison between the means and the end; the one is trifling, and the other so momentous."

"There is a phrase among nurses, viz. the breeding of teeth, which may be taken as evidence that *before* the teeth actually reach the borders of the gums, they may prove the source of much irritation."

Where "a phrase among nurses" is taken as "evidence," or where every case of convulsions is attributed to the process of dentition, because now and then a fit will occur in consequence of some irregularity in the protrusion of a tooth, we may have to expect such practice as recommended in the quotations you have just been listening to. It is true that a simple incision into the gums is generally not at all a dangerous thing, but to repeat the same operation to such an extent, to again and again lacerate the gums, appears both cruel and absurd. Moreover, Marshall Hall's own countrymen report cases of scarification of the gums made after his fashion, after which copious hæmorrhages, suppurations, and ulcerations would take place. Not to speak of this fact, that all authors recommending frequent scarification were at the same time opposed to repeating it too frequently in rhachitic and scrofulous infants; but you know, that just these are the very ones who are most subject to the symptoms of what they call difficult dentition. Not to speak of the further fact, that the practice of lancing the gums where you wish to avoid the trouble of making a diagnosis, and of stopping to lance when you see no success, and therefore suspect some other cause of the morbid symptom, is unscientific and unworthy. Marshal Hall affirms never to have lost a child from difficult dentition—the greatest recommendation for his surgical cure of both difficult and easy dentition. I may state the same result of my own practice among teething infants, viz. that although I hardly make more than ten or twelve scarifications of gums in the course of a year, I have also never lost a case from "difficult dentition."

I see very few indications for the lancet during the period of dentition. You may cut where the gums are an impediment to the protrusion of a tooth, or where the gums themselves are the seat of a disease giving rise to general symptoms, especially of the nervous system. Thus, inflammation of the gums justifies an incision, for the sake of relieving the tension of the tissue; the same practice is followed in inflammations of the tongue, of the fingers, etc. Even mild cases in very irritable children may be treated in the same manner. But the incision itself, especially when repeated, may be a cause of irritation, sometimes visible in the fact that during the prevalence of follicular or other stomatitis the gums will be found covered with superficial ulcerations. I need not add, that while exudative processes, such as diphtheria, are active in the system, every wound of this description will give rise to new diphtheritic deposits. I, then, scarify the gum in cases of intense local hyperæmia and inflammation: these are the cases in which the loss of a few drops of blood, which have no effect on either the healthy or the diseased system in general, is decidedly advantageous. I should scarify, and have done so, several times during my practice, in cases of convulsions in tender, delicate, irritable patients, in whom I found the gums swollen, and where a correct diagnosis could not be made instantaneously; especially in such as had been once relieved by the same operation; for I must confess that once or twice in my life, not oftener, I have observed the instant termination of an attack of convulsions after I lanced the gums. But always be sure that the tooth is near the surface. I know that new cicatrices will easily tear, but old ones will not; and I have seen real trouble arising from teeth that had been cut weeks before they were ready to pierce the gums; if you mean to call it a piercing, for under normal circumstances the process is one of slow absorption of the gum. I have known cases in which practitioners had lanced the gums two or three months before the final appearance of the tooth, a practice which is annoying, or useless, or dangerous to the child, and certainly not indicative of much diagnostical power and therapeutical knowledge in the doctor. It is not even uncommon to find a retardation of the protrusion of a tooth where you expected its daily appearance. A child becomes sick, with the symptoms of fever, and some local symptoms which you will or will not diagnosticate, according to your accomplishments as a diagnostician. You lance the gums, and expect not only the appearance of the tooth, but also a termination of the untoward symptoms. Nothing of the kind occurs. To the contrary, the child gets thinner and sicker, and no tooth. Where the system is intensely suffering, where emaciation takes place and nutrition is interfered with, it is but natural that the growth of a tooth should also stop. In such cases you may safely predict that no tooth will appear before the child will get well, or at least better. During convalescence the tooth cuts. You say that it made its appearance after the organism had been sufficiently restored to allow of phosphate of lime being spared for the building of teeth; the mother says, that because the child was well when the tooth came and was through, the child suffered from its tooth. You say, the child cut a tooth, after it was well enough. She says, it got well after it cut a tooth. Certainly there are difficulties in teething, but during, not from.

In one of my first lectures I have spoken of the direct injury done to the tooth by incisions. The consistency of the tooth is the less the younger the child; and the harm done to a tooth by the effect of a hard and sharp instrument cannot be denied. If you expect to effect anything by an incision, you must be sure of dividing it down to the tooth. But you can scarcely avoid injuring the tooth in cutting down upon it. If this danger exists, and it does exist, it is the more to be feared from those often-repeated scarifications recommended by Marshall Hall, and others. Thus while your incisions are of no use in the present, they are positively injurious to the future. There is something absurd and unworthy of the high standing of our profession in performing any, though slight, operation, which is useless; but it is a revolting thought to perform one that is worse than useless, viz. injurious. It is unworthy of the high vocation of our profession to resort to an action which gives the impression to the relations of the little sufferer, that not only something has been done, but that the right thing has been done, and which, nevertheless, is destined, in most cases, to cover the want of a diagnosis, and the ignorance regarding the causes of the disease. The language of disease in infantile life is intelligible enough. It is your province to listen to it, and to understand it.

◆

Vaccination in Bengal.—In this presidency there were 14,874 persons vaccinated, out of which number there were 13,231 successful cases. In the Barrackpoor division there were 41,259 persons vaccinated, 38,676 being successful. In the Decca division there were 5715, and in the Dinapore circle 4662; 3918 in the former, and 3471 in the latter, being successful. Altogether we have a grand total—vaccinated, 66,510; successful, 59,296. These operations were effected by 71 vaccinators. In Midnapore alone there were 24,127 persons vaccinated, and the very large proportion of 23,898 were successful, leaving only 239 cases which did not succeed.—*Lancet.*

Bayonet Wounds.—In reference to a paragraph in your impression of August 9th, commenting upon the fact of no mention being made of bayonet wounds in the late American actions, I beg leave to state that in the experience derived from presence on the field in upwards of fifty actions, I have only seen two bayonet wounds: one occurring in barrack, the result of a quarrel between two soldiers; the other, an accidental wound in the leg, received by the commanding officer of the regiment in which I was then attached, from the awkwardness of one of our own men. The impression upon my mind, therefore, is, that bayonet wounds are most rare on the field of battle.—*Brit. Jour.*

Original Communications.

DIALYSIS.

A REPORT ON A NEW MEANS OF CHEMICAL ANALYSIS.

By LOUIS ELSBERG, M.D.

LECTURER ON "THE APPLICATION OF REMEDIES," IN THE UNIVERSITY OF N.Y.

(1.) Graham on Liquid Diffusion applied to Analysis. *Royal Society Transactions*, London, 1861. Part I. *American Journal of Pharmacy*, 1861, p. 518

(2.) Redwood on Dialysis, *London Pharmaceutical Journal*, April, 1862.

(3.) Daubeny on Agricultural Chemistry, *Gardeners' Chronicle*, London, December 7, 14, 1861.

(4.) Procter on Dialysis, *American Journal of Pharmacy*, July, 1862.

(5.) Dialysis, Editorial Leader, *London Medical Times and Gazette*, August 2, 1862.

The art of chemical analysis is truly advancing with rapid strides. Accurate and untiring, enthusiastic yet laborious experimenters lead the van; and it requires the dedication of a Life's Mission promptly and thoroughly to follow. The medical practitioner, while his science makes it an imperative duty to familiarize himself with the stand-point which the great auxiliary and ally of his art has reached, finds it no easy task to keep himself *au courant* with even the methods of progress. Volumetrical and Microscopical analyses have but just been made available for the purposes of the physician; and "while yet fascinated with the beauties and subtleties of Spectral analysis, our attention is again claimed for another analytical discovery—less beautiful, it is true, and less subtle, but susceptible of much wider application, yielding results of greater practical value, and therefore possessing more immediate interest to us as medical men." (5.) The new method here alluded to—dialysis—we owe to the elaborate researches of Prof. Thomas Graham, the Master of the Mint, of London. It consists in effecting analysis by means of liquid diffusion. It requires only a most simple apparatus, dispenses almost entirely with chemical reagents, and is very easy to apply. Indeed, "it may fairly be described as a kind of royal road or short cut, enabling us to arrive at analytical results previously unattainable, or attainable only by processes far more complicated, and far more open to fallacy." (5.) I have thought it not unprofitable to transcribe from the sources indicated above—and especially from the last two, which themselves are reports based upon the preceding—a sketch of the nature of this new process, the mode of its practical application, and the valuable results that already have been and may yet be expected to be derived from it.

I have defined "dialysis" to be the method of effecting chemical analysis by means of liquid diffusion. Liquid diffusion has been defined as "the tendency which particles of matter in solution have to move from one part of a liquid menstruum to another, even in opposition to the force of gravity, under particular circumstances." (4.) It is well known that if a solution, of common salt for instance, be conveyed to the bottom of a jar of distilled water so carefully that the fluids be not mixed mechanically—either by means of a pipette or by placing the saline solution in a smaller jar—the dissolved salt will be found, after standing some time undisturbed, to have diffused itself into the distilled water. Now it has been ascertained (1.) that the same substance in aqueous solution always diffuses itself into the same superincumbent medium at the same rate within a certain time; while "different substances in solutions of equal strength diffuse unequally in equal times." (2.) Thus common salt diffuses into water at least twice as fast as Epsom salt, and the latter twice as fast as gum arabic. Of all the bodies hitherto tested (4.), hydrochloric acid is the most diffusive; assuming this body as unity, the time of equal diffusion for chloride of sodium is 2.33; for sugar 7; sulphate of magnesia, 7; albumen, 49; caramel, 98. Mr. Graham discovered that, as a general rule, crystallized bodies diffuse much more readily than amorphous substances; hence, he classed highly diffusible substances together as *Crystalloids*, and gave to the feebly diffusible ones the name of *Colloids*, from *collin*, gelatine, the type of this class. Among the colloids are hydrated silicic acid, hydrated albumina, and other soluble metallic peroxydes isomorphous with the latter body, together with gelatine, albumen, starch, dextrin, and the gums, caramel, vegetable and animal extractive matters. (5.) Mr. Graham considers crystallizable bodies to be in a *statical* condition, while the colloids are in a *dynamical* state; that is to say, the latter have a greater susceptibility to the influence of external agents, and from this cause are adapted to the transforming influences of the processes of organic life, like albumen, gelatin, and fibrin of the animal body.

If, instead of a single substance, we use a mixed solution of two or more substances in our experiment with liquid diffusion, it is plain that what before was mere diffusion, now becomes a diffusive separation, for as the most diffusive body travels most rapidly, it will show itself first and most largely in the upper strata of superincumbent liquid. And separation of two or more substances will, of course, be the more complete the greater the difference between their respective diffusibilities. Furthermore, bodies of feeble diffusibility—colloids—will permit a highly diffusible substance—a crystalloid—in aqueous solution in contact with them to diffuse or pass through or into them, while they will refuse a passage, partially or wholly, to a body of the colloid class. Taking advantage of this fact, Mr. Graham found on trial that a very thin stratum of a gelatinous medium would prevent the diffusion of colloid bodies, and that by the use of such a septum or diaphragm, the process of separating the crystalloids from the colloids becomes greatly simplified. We can now amplify our definition of dialysis, which "is nothing more than the diffusive separation of crystalloid from colloid bodies through a septum of gelatinous matter, the septum allowing the passage of the one and not of the other." (4 and 5.)

The whole apparatus needed is a "dialyser" and a basin. The dialyser consists of a membranous septum stretched across a hoop or band of gutta percha six to ten inches in diameter and two inches high, and tied with a string, so as to form a vessel like a drum-head or tambourine. The basin is a dish or larger glass vessel of similar shape about six inches deep.

For use, the basin is three-fourths filled with distilled water, the smaller vessel is floated on it, and the liquid to be diffused poured into the latter, when the process proceeds without further attention.

By placing the liquid to be diffused at the top instead of at the bottom of the water, the process is much facilitated, especially where the diffusible body is abundant. The solution of the matter which passes the septum is called the diffusate. Parchment-paper, "made by simply passing ordinary white wrapping-paper quickly through a cool mixture of two parts of sulphuric acid and one of water, by weight, and then washing it thoroughly till the acid is removed" (4.), has been found to be the best septum, although paper starched with starch jelly, or gelatin, or coagulated albumen, and others, would answer. Redwood says (2.): "It may be well to observe that parchment paper or indeed any of the substances named above, can only be used as a septum in dialysing *aqueous* liquids. The septum is considered by Mr. Graham to owe its action to its condition, in the wetted state, as the hydrate of a colloidal substance, in which the water of hydration is held by a weak affinity, which the superior affinity exerted by a crystalloid can overcome. Hence there is dehydration taking place in one direction, and rehydration in the other direction, through the septum during its action. A septum suitable for dialysing alcoholic and ethereal solutions remains to be discovered. Some form of collodion may possibly answer the purpose."

Mr. Graham found that half a litre of urine, dialysed for twenty-four hours, gave its crystalloidal constituents to the external water. The latter, on evaporation, yielded a white saline mass, from which urea was extracted by alcohol in so pure a condition as to appear in crystalline tufts upon the evaporation of the alcohol.

As to the practical application and uses of dialysis, we find enumerated—

1st. It permits of the isolation of various chemical substances in a state of purity in which we were not previously aware of their being able to exist. For instance, chemists had hitherto never succeeded in obtaining a perfectly pure solution of silica. The solution obtained by treating silicate of soda with chlorohydric acid, was not pure, always containing a certain quantity of the acid and of chloride of sodium, which resisted all further attempts at separation. But by subjecting this solution to the process of dialysis, the acid and salt, being crystalloids, diffuse out, while the silica, being a colloid, remains behind dissolved in water, and perfectly pure. In like manner, dialysis enables us to obtain solutions of peroxide of iron, alumina, and several other bodies, perfectly free from the salts or other chemical agents hitherto indispensable to their solution. (5.)

2d. It affords a means of separating crystallizable and well defined bodies from amorphous matters, like extractive, gums, mucilages, the pectin-like substances, the tannins, oils, etc. For instance, if a vegetable extract containing an alkaloid or crystalline neutral bitter principle, be rubbed down with water to a uniform mixture and thrown on the dialyser, this active principle, together with all the soluble earthy matter, will be found in the diffusate, whilst the inert ingredients will be retained. Mr. John Attfield (*Pharm. Jour., March*, 1862, p. 447) has applied this apparatus in an investigation of the mineral constituents of plants, especially as exhibited in the saline efflorescences on the vegetable extracts, so familiar to all apothecaries. Mr. Attfield also suggests its use for purifying crude lemon juice.

Mr. Graham has separated the crystallized ingredients of urine. Baron Liebig has isolated creatin from extract of meat; and more recently he has demonstrated by its means the presence of *alloxan* in an animal secretion. (*Pharm. Jour.* 528, *April*, 1862.)

Mr. Buchner has shown (ibid, 572) that when a thick viscous mucilage of marshmallow root is put into the dialyser, over distilled water, after two days the whole of the asparagin of the root is in the first diffusate, and may be obtained in fine crystals by simple evaporation. (4.)

3d. It may become of the greatest use in "the separation of the more active crystallizable constituents of vegetable substances from inert colloidal matter, and *the production in this way of a new class of medicines*, containing the more active principles of plants, partially purified, and in the state of combination in which they exist in nature." (2.) Such preparations would occupy an intermediate place between tinctures, decoctions, and extracts, on the one hand, and the pure active principles which they often contain (such as alkaloids) on the other. The advantages of vegetable remedies in this form would be greater uniformity of strength, certainty of action, and convenience of administration. They would also keep better, and being void of all inert matter, they would be *purely* medicinal. The main difficulty in the way of their preparation is the very dilute condition of the solution, and the slowness of the operation, and consequent tendency to spoil and ferment; but it may prove, owing to ferments being colloidal matter, that the diffusates may not be liable to change to a degree that will embarrass the operation. Prof. Redwood is now engaged in applying dialysis to opium and aloes.* (4 and 5.)

4th. In medico-legal inquiries, it affords a most valuable means of separating arsenious acid and the various poisonous metallic salts, as well as vegetable poisons, such as strychnia, morphia, and the other poisonous alkaloids, from the crude colloidal contents of the stomach and intestines and other organic solutions. For instance, let a portion of tissue suspected to contain arsenic be chopped into small pieces, soaked in pure water, and then thrown on the dialyser. At the end of twenty-four hours or so, the arsenic, even if its quantity be infinitesimally small, will have been diffused into the external water in a state fit for the immediate application of chemical tests. The poison is thus eliminated, free from all organic impurity, and without employing any agent at all liable to contain it—an advantage which any one will not fail to appreciate who is conversant with the usual process. Mr. Redwood has "already obtained these substances by dialysis from the stomach, the flesh, and the blood of animals that have been poisoned, distilled water alone being used for their extraction." (2.)

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* In the forthcoming work on *New Remedies* by Drs. Percy and Elsberg due prominence will be given to this new class of medicines, based on original investigations, by dialysis, of many, especially indigenous articles.

5th. It affords a partial explanation of certain points in physiology and in the knowledge of the modus operandi of medicines which have hitherto been involved in much obscurity. As to the physiology of digestion, the mucous membrane of the stomach and intestines may be compared to a dialytic septum between the blood on the one side, and the blood-making constituents of food on the other. Dilute liquids taken into the stomach, diffuse through (or as we generally say, are absorbed by) its mucous membrane. The plastic constituents of food, on the other hand, being colloids, "are retained in the stomach, while the act of digestion proceeds under the influence of crystalloids that are dialysed into that organ, and then pass on to undergo new changes connected with absorption, assimilation, and excretion." (2.) Also, "the action of medicines must be considerably influenced by the state in which they exist as crystalloids and colloids. Thus, iron in the state of chloride, sulphate, or other crystalloidal salt, would be diffused through the walls of the stomach; but not so if in the state of a colloid, such as basic chloride or basic nitrate, in which state it would pass into the intestines, exerting its action probably through the entire length of the alimentary canal." (2.) When we know more of the comparative diffusive power of different medicinal preparations than we do at present, we shall probably prescribe them with greater success. (5.)

6th. The transmission of sap through a plant, the separation of its various secretions from each other, and their maintenance in a state of isolation in appropriate receptacles, are phenomena also in part explained by the principle of dialysis. Although the sap is propelled upwards through the plant partly by capillary attraction, partly by atmospheric pressure, owing to the evaporation from the leaves and the partial vacuum thereby produced—it makes its way into the plant, in the first instance, by endosmosis through the spongioles of the roots. The peculiar juices of plants—starch, gum, oils, etc.—are generally colloids, and therefore have no tendency to pass through the walls of the cells in which they have been elaborated; the different acid and alkaline products, on the other hand, being crystalloids, permeate membrane freely, "but are only temporary constituents or steps in the series of changes which are intended to convert carbonic acid into sugar and starch, and they are consequently got rid of either by exosmosis or else by some chemical process by which they are converted into glucose or fruit sugar." (3.)

Lastly, the principle of dialysis has likewise important bearings on the nature of the ultimate molecules of matter, and on certain geological phenomena. It is believed that its further investigation will perhaps throw considerable light on molecular motion as a source of electricity, heat, and other imponderable influences, and lead to some knowledge of the essence or real condition of matter.

Cinchona in Trinidad.—A renewed attempt is being made to plant the cinchona in Trinidad. It has been planted at a height above the sea of 2800 feet, and in soil of the richest kind.—*Med. News.*

THE DISTINCTIONS
BETWEEN A VIRUS AND A POISON.

By W. H. Thomson, M.D.,

MEDICAL REGISTRAR OF BELLEVUE HOSPITAL, AND STATE MEDICAL INSPECTOR.

[Read June 2d before the N. Y. County Medical Society, and published at its request.]

(*Continued from page* 132.)

Incubation, reproduction, and communicability, we have shown to be the essentials of viruses—facts that no more occur in true poisoning than in pleurisy or fractures. But there yet remains the great subject of the morbid process itself of these diseases. Between the periods of incubation and reproduction intervenes the period of development, when the peculiar symptoms constituting the particular virous attack make their appearance and run their course. True poisoning has this one period only, while viruses are always accompanied by the other two; but the phenomena of this stage also are, in viruses, totally different from those that characterize the operation of poisons. In fact, they are hardly even analogous, much less similar, as they should be if they were similar agents. The action of poisons is rapid and tumultuous, analogous only to chemical reactions, and science has demonstrated that slow poison, that mysterious terror of the middle ages, and which even yet haunts the popular mind, is a pure myth, with no more real existence than the Immortal Elixirs or the Wandering Jew. Slow-poisoning can only be *repeated* poisoning. In no case, not even in the subtle animal poisons that give rise to erysipelas, pyæmia, and similar states, does there occur an elaborate and necessary succession of symptoms, which can never be reversed, least of all a succession whose steps are so slow as to require three days, or seven, or nine, or fourteen, ere a certain symptom, peculiar to the poison, will follow a previous, similarly peculiar, symptom. But regular and definite changes, preserving their order during the access, height, and decline of the process, and measured by a certain number of hours, days, or weeks, according to the particular disease (just as the similar variations in the period of incubation), are the characters of the period of virous development. We thus are often able to predict the issue in time as well as manner, by observing a few of the initial steps; but in poisoning our only real principles of prognosis are the *amount* of the poison actually in the system, or in danger of getting in, and, very secondarily, the individual susceptibility. In every epidemic of virous diseases, the vast majority of persons really exposed to them, escape altogether. How inexplicable would this be if they had all received equal doses of a poison; for how many will escape of a dinner party who have mistaken aconite root for horse-radish? Viruses, with one or two exceptions, obstinately refuse to afflict more than one species, or than certain ages of the same species; but if a virus is one of the poisons, why cannot our experimenter give hooping-cough to his cat as easily as he can give it fits with strychnia, or the opposite with woorara?

But there is a class of poisons, well termed the septic animal poisons, which have certain striking and peculiar characters, at first sight somewhat resembling those of viruses, and without doubt it is owing to these that viruses have been confounded with poisons. These supposed resemblances, therefore, merit a careful consideration, for we think a true comparison will show them to be entirely distinct both in nature and action. The venom of serpents is probably the best type of these poisons, as the lymph of variola is of viruses. We are first struck with the wonderfully small quantity of the poison necessary to destroy life. A minute drop, injected in the cellular tissue, almost immediately overwhelms the nervous system, as shown in the sudden paralysis of respiration, and after a few convulsive efforts, all vitality ceases, to be followed with extraordinary rapidity by the chemical phenomena of decomposition. But there is nothing peculiar in this; for all other poisons, including mineral poisons like arsenic, may destroy wholly by their thus overpowering the nervous system, and these identical symptoms accompany equally the most different poisons, when the *dose* actually operating is great enough. To obtain the peculiar symptoms of the particular poison, the dose must be smaller, so as to have time to derange specifically the other functions and tissues. The drop of venom, therefore, though minute, was nevertheless an overwhelming dose, and did not manifest the real specific symptoms of the poison, which are very different, and which are common to the wide class of septic poisons, so as to prove them to be analogous agents. Those symptoms are a violent inflammation, beginning at the wounds and rapidly spreading in the cellular tissue, accompanied with great swelling, sloughing and formation of pus, which, if the patient lives long enough or ultimately recovers, take the form of multiple abscesses. The formation of an abscess is an indication of a resistant vitality, circumscribing the original diffusive action of the poison. Fever, assuming an adynamic type in proportion to the extent of the poisonous action, is another particular symptom of septic poisoning. But these same symptoms may arise from inoculation of a very small quantity of dead animal matter, as in dissection wounds, which seems owing to a peculiar volatile poison, generated only in incipient decomposition. Another step brings us to the same symptoms set up in wounded surfaces originally healthy, but which have been exposed in an atmosphere charged with decaying organic matter; and lastly, we meet with the same action, set up without a wound to begin with, and which we term idiopathic erysipelas, but which is most certainly in many cases the product of a decomposition in a system made erysipelatous by putrid air, food, or drink. Now the production of this class of symptoms, from a minute quantity of an animal secretion, from an equally minute quantity of decomposing animal matter, but especially from their arising after exposure to animal effluvia, has been considered sufficient to prove that small-pox, scarlatina, typhus and typhoid fevers, cholera, and the whole class of viruses, are like agents and of like origin, and the occasional production of vast quantities of pus and multiple abscesses from the minute original poison has been accepted as identical with the reproduction of a virus. The great influence which this decomposition theory of viruses has exerted on medical opinion and practice, and the amount of controversial wind which has been spent by advocates against the term Contagion—as if it was the only distinction between a septic poison and a virus, and therefore to be roundly denied—can hardly be calculated. But let us apply rigidly the rules of a virus to a septic poison: First, when a patient is bitten by a fiery serpent, will he begin to find it out only nine days afterwards? Will he then become worse than a den of serpents, and capable of poisoning others from every pore of his body, in the same fashion that the serpent first poisoned him? And finally, when he has recovered, will he be perfectly willing to finger the next viper he falls in with, because he never can be affected by a serpent's bite again? It is perfectly absurd to expect such results after a septic, as well as after any other kind of poisoning; but nevertheless they are the common parts of viruses, and are consistent with the nature of viruses. Finally, it requires but a superficial examination to perceive that the spread of septic poisonous action, from the original starting-point, has no real analogy with the phenomenon of reproduction in Viruses. The spread of erysipelas is like the spread of a fire, not like a *growth*, and the analogy is carried out even in its slightest and most superficial forms, termed sometimes wandering erysipelas, which, like fire in short grass, spreads in one direction, and dies out in the other.

The fact that patients with the same virous disease present great variations in the length of their illness is no real objection to the statement that the attack is composed of definite and limited stages, for these variations are entirely owing to functional complications, as inflammations, etc., which may continue after the virous process itself is completed. But in typical cases the action of a virus presents a series of increase and decline, holding true of its leading characters as of the disease as a whole. A virus eruption, for example, we see commence with minute points, which in definite times grow, maturate, and then dry up like a crop of berries. The leaves and twigs grow and decline, as the whole grows and declines. Therefore instead of the process of Development—the morbid action itself, in Viruses, being analogous to chemical action, as the action of a Poison is—it is analogous only to a process of *Growth*, and then ends with the last step of growths, namely, *reproduction*.

But viruses have a great many other characters which separate them from poisons. Thus we said Quantity is a necessary element in poisons—it is hardly an element at all in viruses; for who can hit upon the poisonous, and less than poisonous dose of scarlatina, for instance; or if, instead of inoculating with variola lymph, enough only to moisten the tip of the lancet, we injected an ounce, would the patient have small-pox in an hour, or a day? Again, our experimenter ought, in the generality of cases, to produce with like, or proportioned doses of poisons, like effects in all, in old and young, in men and in animals, and at all seasons of the year. But viruses, on the contrary, are exceedingly capricious, killing some and simply touching others, who yet seem alike in exposure to the virus and in every other respect, as two children of the same parents, one dying with scarlatina maligna, the other recovering with scarlatina simplex. Some viruses are killed by frost, some never leave warm climates, against others we use heat as a "disinfectant." Frequently for years a virus will not affect some persons, and then suddenly attack them—can this be said of any poison? Thousands they will attack at no time, nor after the most diligent coaxing; why not, no one knows. Hertwig had a dog bitten by nine mad dogs without other result than sores.

(*To be Continued.*)

Reports of Hospitals.

NURSERY AND CHILD'S HOSPITAL.

THE LIVER IN THE SUMMER COMPLAINT OF CHILDREN.

BY J. LEWIS SMITH, M.D., CURATOR.

There has existed a vague opinion in the profession that the liver is somehow in fault in the summer complaint of children. This opinion is, no doubt, fast losing ground, but it is still held by many, and it exercises a marked influence on the treatment of the disease. The following observations have been made in and since the year 1859, in order to determine to what extent this organ is affected. The date gives the time of the autopsy.

Case 1.—June 21, 1859, æt. 6 months, previously somewhat emaciated but otherwise well, had the summer complaint three days, the liver was rather small not extending below the margin of the ribs, it contained fewer oil globules than usual, most of the hepatic cells contained none. *Case* 2.—June 8, 1859, æt. 5 months, six days sick, the liver appeared healthy, and of about the usual size. *Case* 3.—July 16, 1859, æt. 9 weeks, an emaciated almshouse child, sick three weeks, liver small and almost destitute of oil globules, nine-tenths of the hepatic cells contained none. *Case* 4.—June 8, 1859, æt. 3 months, sick twenty days, liver of natural size and color, and containing about the usual amount of oil globules, from one to six or eight globules in most of the hepatic cells. *Case* 5.—June 10, 1859, æt. 4 months, sick five days; the liver presented the ordinary appearance, it contained rather less fatty matter than usual, few of the hepatic cells contained more than five or six oil globules. *Case* 6.—July 14, 1859, æt. 7 months, sick at least three weeks; liver of a yellower hue than usual but not enlarged, the oil globules considerably exceeded the normal amount. *Case* 7.—Aug.

8, 1859, æt. 7 months, sick one month; liver of healthy appearance, weighing 4½ oz. *Case* 8.—Aug. 15, 1859, æt. 19 months; had looseness of the bowels several weeks, and previously was emaciated; the liver extended half an inch below the margin of the ribs; it weighed 9 oz.; most of the hepatic cells contained few oil globules, but some of the cells contained numerous globules of small size. *Case* 9.—Aug. 15, 1859, æt. 15 months; had more or less looseness of bowels for two months before death, and previously to this was emaciated; weight of liver 7½ oz.; its appearance natural, nothing unusual was discovered in this organ under the microscope. *Case* 10.—Aug. 17, 1859, æt. 15 months; had looseness of the bowels since the commencement of warm weather; liver of healthy appearance; its weight 6 oz. *Case* 11.—Aug. 15, 1859, æt. 14 months; had the summer complaint at least three weeks; weight of liver 9 oz.; its appearance natural, both to the naked eye and under the microscope. *Case* 12.—Aug. 22, 1859; age not given nor duration of sickness; weight of liver 8 oz., of healthy appearance; it contained the ordinary quantity of oily matter. *Case* 13.—Sept. 4, 1859, æt. 2 months, sick one week; weight of liver 3½ oz., its appearance natural; there were few hepatic cells which contained more than four oil globules, and many contained none; there was but little free oily matter. *Case* 14.—Sept. 5, 1859, æt. 16 months; much emaciated; liver small, weighing 6 oz., and containing very little oily matter. *Case* 15.—Aug. 27, 1859, æt. 9 months; liver for the most part of natural color, but yellow in places; weight 8 oz.; it was found by the microscope to contain no more than the usual amount of fatty matter. *Case* 16.—Aug. 31, 1859, æt. 5 months; admitted Aug. 5 with looseness of bowels; weight of liver 6½ oz., its surface mottled, of a fatty appearance in places; this organ generally, as shown by the microscope, was not fatty. *Case* 17.—September 4, 1859, æt. 7 months; sick less than a week; liver weighed 6 oz. and contained less oily matter than usual. *Case* 18.—September 15, 1859, æt. 23 months; had the bowel complaint through the warm weather, though occasionally it was checked; had tuberculosis; liver of nearly natural color, weighing 15 oz., and quite fatty. *Case* 19.—July 3, 1860, æt. 13 months; had the summer complaint nearly a month; liver of yellow hue, weighing 6 oz.; the hepatic cells contained more than the ordinary quantity of fat. *Case* 20.—July 3, 1860, æt. 4 weeks; liver extended two inches below the margin of the ribs; weight 5 oz.; contained few oil globules. *Case* 21.—July 21, 1860; sick two days; liver presented a mottled appearance, as if fatty in places; weight 6¾ oz.; the hepatic cells moderately fatty. *Case* 22.—Aug. 4, 1860; sick two weeks; liver weighed 9 oz., mottled yellow; very fatty. *Case* 23.—Aug. 7, 1860, æt. 2 months; sick 10 days; anterior border of the liver even with the margin of the ribs; weight 3½ oz.; usual color; this organ contained very few oil globules, either free, or in the hepatic cells. *Case* 24.—Aug. 8, 1860, æt. 2 years; had also pertussis; liver mottled with yellowish, evidently fatty spots or patches. *Case* 25, Aug. 17, 1860; the liver extended half an inch below the lower margin of the ribs, of usual color; weight 5 oz. *Case* 26.—Aug. 30, 1860, æt. 5 months; sick one week; the liver extended half an inch below the margin of the ribs; its hue rather yellow, weight 9 oz.; it contained numerous oil globules, both free and in the hepatic cells. *Case* 27, July 18, 1861; the liver did not appear congested; it contained generally less than the ordinary amount of fat; but in places it was of a yellower hue than in others. *Case* 28.—Aug. 1, 1861, æt. 2 months; bowels loose about a week; liver small, and very dark; the microscope showed it to be almost destitute of oily matter. *Case* 29.—Aug. 12, 1861, æt. 16 months; sick less than a day; the liver appeared healthy, and it contained the normal amount of fat. *Case* 30.—Aug. 12, 1861, æt. 3½ months; anterior margin of the liver even with the ribs, weight 5½ oz. *Case* 31.—Aug. 19, 1861, æt. 15 months; thought to have pertussis also; weight of liver 9½; contained the normal amount of fat. *Case* 32.—Aug. 21, 1861; a few months old; liver of the common appearance, weight 3½ oz. *Case* 33.—Oct. 9, 1861, æt. 20 months; sick more or less all summer; liver rather yellow; but more so in some places than in others, weight 9¼ oz.; some hepatic cells were found free from fat; but others were loaded with it. *Case* 34, July 7, 1862, æt. 4 months; looseness of bowels for several weeks; weight of liver 5 oz, yellow and very fatty. *Case* 35.—July 28, 1862, æt. 7 months; was losing flesh for a considerable period; but there was no serious looseness of the bowels more than 24 hours; liver healthy, weight 6 oz. *Case* 36.—Aug. 27, 1862, æt. 7 months; had the bowel complaint several weeks; liver examined by the microscope, appeared healthy; weight 6¼ oz. *Case* 37.—Aug. 29, 1862, æt. 10 months; sick about one week; the liver weighed about 6¾ oz.; examined under the microscope it was found to contain more than the normal amount of fat; the hepatic cells were generally nearly filled with it.

It will be seen, that there was no evidence from the post-mortem appearance of the liver in these cases of any congestion, or torpidity, or hyper-activity, or perverted secretion. The size of the liver was sometimes very different in patients of about the same age, but probably there was no greater difference than usually obtains among glandular organs within the limits of health. The following table gives the weight of the liver in twenty-two cases, in which the weight of this organ and the age of the patient are recorded.

Age.		Weight.	Age.		Weight.
4	weeks	5 oz.	9	months	8 oz.
2	months	3 and a half oz.	10	"	6 and 3 quarter oz.
2	"	3 and a half oz.	13	"	6 oz.
3½	"	5 and a half oz.	14	"	9 oz.
4	"	5 oz.	15	"	6 oz.
5	"	6 and a half oz.	15	"	7 and a half oz.
5	"	9 oz.	15	"	9 and a half oz.
7	"	4 and a half oz.	16	"	6 oz.
7	"	6 oz.	19	"	4 and a half oz.
7	"	6 and a qu. oz.	20	"	9 and a quarter oz.
7	"	6 oz.	23	"	15 oz.

I do not have access to any tables giving the weight of the healthy liver at different ages, but in none of the above cases does the size, or the weight, seem to me to be above the healthy standard, unless in Case xviii, in which this organ was quite fatty. But in this case the size of the liver was probably due to the tubercular disease.

In most of the cases the liver was examined microscopically, and the only fact worthy of note observed, was the variable amount of fatty matter. Sometimes it was in excess, sometimes in moderate quantity, or rather deficient, and sometimes, apparently, in greater amount in one portion of the organ than in others.

In conclusion, these observations go to show that the liver plays an insignificant part in the pathology of the summer complaint. The green stools, which have long been referred to the biliary secretion, must be mainly due to causes operating in the intestines, for I have repeatedly noticed that the green color does not appear till we reach the lower part of the jejunum, or upper part of the ileum. Examined under the microscope the green matter is found to be in little fragments or masses, as if produced in the crypts of the intestines.

MEDICAL COMMISSION OF MASSACHUSETTS.—The opinion of the members of this Board having been frequently asked as to the value and importance of lint in the treatment of surgical cases, they beg leave to say that they are satisfied that there are other means that in most cases would be more useful, and in all equally so. They refer to old linen and cotton compresses, wet or dry, and soft sponges, which would, in almost if not in every instance, be found to answer all purposes likely to be accomplished by the use of lint. GEORGE HAYWARD, *Chairman*, JOHN WARE, S. D. TOWNSEND, J. MASON WARREN, S. CABOT, JR., R. M. HODGES. —*Boston Jour.*

Progress of Medical Science.

PREPARED BY DR. P. F. C. DESLANDES.

INTRA-THORACIC HYDATIC CYST, SPONTANEOUS AND PERSISTENT EVACUATION THROUGH THE BRONCHI OF A CONSIDERABLE NUMBER OF HYDATIC VESICLES; DEATH. By Prof. Henri Roger.

(*Continued from page* 147.)

II.—Mdlle. R., to whom I was called on the 6th of July of this year, by my *confrère*, Dr. Lyon, is fifteen years old, has not yet menstruated, looks delicate, is very thin, and has had, for the last two months, a brown, pale, yellowish, and cachectic complexion. It was in the month of April, 1860, that a little dry cough, which had then existed for some time, attracted the attention of the family. This cough was frequent, painful, and came on by fits like that of hooping-cough. It was accompanied, at intervals, by a peculiar expectoration, "like the skins of large grapes." Its nature was discovered at a later period of the disease only. At that time there was fever, dyspnœa, emaciation, and one of our *confrères*, a most experienced practitioner, called in consultation, diagnosticated a chronic pleurisy, with probable tubercles. The physical signs and general symptoms certainly justified this opinion. He recommended a season at Bagnères-de-Luchon, and during the winter a sojourn in a warm climate.

At Luchon, the young girl, in a fit of oppression and cough, with fever, ejected by the mouth a large quantity of matter, which Dr. Lambton recognised positively for hydatids, estimating the number of them at 30 or 40. After this evacuation through the bronchi, there was a sensible amelioration in the symptoms. Mdlle. R. spent the winter at Amélie-les-bains; the fever had disappeared, the complexion was better, the strength was greater, the general health was very satisfactorily restored.

But in the month of May, 1861, the reappearance of the symptoms which had shown themselves at Luchon brought the young patient back to Paris. The cachectic phenomena, the fever, the slight dry cough had reappeared, and hydatids showed themselves often in the sputa (once or twice a week) and were often mixed with mucuso-purulent matter.

Such is the information given me by Dr. Lyon, at my first visit, and which left no doubt as to the nature of the disease with which Mdlle R. was affected. The preceding day's hydatids had again been expectorated, and the father of the young girl estimated at three hundred, at least, the number of those evacuated since the beginning: the facies presents a markedly changed expression; the complexion is of a slightly yellowish paleness, without there being, however, any trace of icterus, either on the scleroticæ or in the urine. This secretion never presented either bilious coloration or reddish brick-dust deposit. The young girl, who cannot lie in bed, except with her head and trunk elevated, and inclined on the right side, the decubitus on the healthy side being impossible, spends the greater part of the time she is allowed to sit up in an arm-chair, the trunk carried forwards as an asthmatic. The respiration, which is loud, rather rapid, with slight dilatation of the alæ nasi, is accomplished without pain. The cough is very frequent, sometimes dry, sometimes with expectoration of muco-pus, mixed with blood, and these last days more remains of hydatids. I examined some vesicles, as large as a grape, altered, and which, having lost their transparency, were of a greyish white. I could not discover with the microscope, in the liquid collected at the same time, any hooks (crochets) of echinococcus.

On inspection, the chest is evidently prominent in the lower portion of the right side, as in cases of pleurisy; palpation is painful in the submammary and hepatic regions, without the liver appearing, on percussion, increased in volume, and without its projecting beyond the false ribs, by more than one finger's breadth. There is also some pain in the right shoulder. On percussion of the thorax, we find a marked dulness in the two lower thirds of the right side. This dulness, which exists on the same level anteriorly and posteriorly, mingles below with the hepatic dulness. I vainly try by a sudden pressure on the intercostal spaces to produce the hydatic fremitus. This exists only when the hydatids are living. On this sound side the vesicular murmur is absent; there is a complete silence, at the summit only, and on a level with the large bronchi, the murmur is rough and even bronchial. Neither deep inspirations nor the cough reveal any kind of râles. On the left side, the sounds are normal, and the vesicular murmur exaggerated. The pulse is rapid, between 110 and 120, the skin is dry, and rather cold than warm; we observe at intervals chills and exacerbations; the fever is already hectic. The appetite has decreased, and within a few days there has been some diarrhœa. The stools, however, contain no hydatids.

Under the influence of inhalations of iodine or camphor (iodine vapors were too exciting and painful), we observed a momentary amelioration. But this did not continue, and fourteen days after, when I saw Mdlle. R. again, I found her nearly in the same condition as regards the functional derangement or the physical signs. The expectoration of vesicular worms had continued to be abundant, and the sputa were mixed with pus and blood. The day before (July the 19th), during a walk, Mdlle. R. was seized with vomiting, and vomited a few spoonfuls of pus with five or six hydatids, and this morning she has thrown up twenty.

One week later, the 27th, Dr. Lyon sent again for me in haste. The patient had had two fits of suffocation which had ended in an emesis. She had ejected more than half a glassful of sanious pus. The body, far from having decreased, seemed to have increased, and in front of the chest (the only region we could explore, and that yet very incompletely), the dulness existed almost as high as the clavicle. The respiration was loud and anxious, with marked dilatation of the alæ nasi. She was depressed, half comatose, and sunk in her bed; she was not even able to get up for the examination. The pulse was thread-like, the skin cadaverous and cyanosed, covered with a viscid perspiration, and the extremities were getting cold. We thought of *paracentesis thoracis* by means of an incision, but the difficulty, or rather the almost impossibility of operating stopped us, the child refusing even to change her position; but above all we were kept back by the imminence of a near death which we would certainly have hastened. The poor child died hardly an hour after our departure.

(*To be Continued.*)

Reports of Societies.

MEDICAL AND SURGICAL SOCIETY.

DR. HALSTED IN THE CHAIR.

Stated Meeting, Feb. 15, 1862.

RESPIRATORY DISEASES COMPLICATING CONFINEMENT.

Dr. Elliot reported three cases of respiratory disease complicating confinement. 1. A primipara with laryngitis, which occurred before delivery. Tenderness over femoral vein. No evidence of phlebitis found after death.

2d. A primipara in whom pleurisy occurred before delivery. Capillary bronchitis and effusion. Death from œdema of lung. Urine drawn, but lost. Used nitrous oxide gas and inhalation of steam. On post-mortem examination, fatty degeneration of liver and kidney was found. Nothing about the patient to make one suspect uræmia.

3d. Pleurisy preceding labor; after confinement pneumonia, followed by bronchitis; finally, delirium, which was excessive. Died this A.M. (Since these minutes were taken the autopsy has taken place, and examination of the kidney by a number of gentlemen exhibited a considerable degree of granular and fatty degeneration. The liver was also the seat of fatty degeneration.)

ULCER TREATED BY ELECTRICITY.

Dr. Metcalfe said he had met in a gentleman's office a patient with a slight ulcer in the centre of the forehead, upon which all antisyphilitic remedies had been employed without success. Electricity was used, and the ulcer speedily healed. This remedy was found out accidentally by one of the poles falling upon a sore on the foot of a gentleman.

MANIA FOLLOWING MASTURBATION.

Dr. Metcalfe also related the history of a case of mania in a young lady who was given to masturbation. She acknowledged that she was in the habit of committing the act two or three times a night. There was considerable irritability and redness of the clitoris, which was successfully removed by the use of black wash. It afterwards reappeared. Dr. M. thinks these cases are more frequent than the profession are disposed to believe. He suspects the patients from the peculiar neuralgic pains spoken of by them. In the case above there was headache.

CASES OF REFRACTURE, WOUND OF ABDOMEN, ETC.

Dr. Markoe related the history of a case of refracture of the thigh, and treatment by the new apparatus of Dr. Buck. A boy, æt. six years, received a transverse fracture of the thigh, about six weeks previous to coming under the care of Dr. Markoe. It was put up by a country surgeon, in side splints and starch bandage. At the end of five weeks the apparatus was removed, and the bone was found to be united, with considerable deformity and one and a half inch shortening. He was brought to the city, and Dr. Markoe suggested refracture. The operation was done six weeks after the injury, and the limb was put up in the long splint, which reduced the shortening to half an inch; the perineum strap, however, produced so much excoriation that the long splint was removed and the new apparatus substituted. Instead of using the perineum strap Dr. Markoe had recourse to a broad plaster of canton flannel adhesive strap, fitted to the lower part of the back and covering the buttocks: to this were attached three counter-extending straps which were fastened to the head of the bed. This was at first intended as a temporary expedient, but it answered the purpose so well that it still remains on. The shortening has been reduced by this apparatus to one quarter of an inch.

Dr. Buck alluded to two cases of refracture treated by this method, where the shortening had been reduced from two and a half inches to half an inch. These results are better than with the old apparatus. One of the advantages of this method is that the counter-extension may be shared by the weight of the body, the limb being placed in an inclined position. Dr. Buck also alluded to the uses of this mode of extension in cases of rigidity and contraction resulting from disease of joints, abscess, the cicatrices of lacerated wounds and burns.

Dr. Markoe also related the incidents of a case illustrating the endurance of the human frame after apparently severe injury. He was called nineteen days ago to see a man who had been stabbed. He found the patient to be a man seventy years of age, a master carpenter, of a healthy, vigorous constitution, and of excellent habits, ordinarily. On the evening when he was injured he had been drinking somewhat largely of beer, and getting into a quarrel with another man had received two stabs, one in the arm and the other in the abdomen. He felt no special inconvenience from these wounds, and walked several blocks, when he stopped at an apothecary's store, and had the wound of the arm dressed. He then walked several blocks further to his home and went to bed. After some time he took more particular notice of the abdominal wound, and becoming alarmed sent for Dr. Markoe, who found a protrusion of quite a large knuckle of intestine, the surface of which was dried and roughened from rubbing against the clothing of the patient during his walk. With some difficulty Dr. Markoe succeeded in reducing the protrusion through the wound, which was very small. He put a stick through the deep muscles and closed the wound. The man has not had an unfavorable symptom to the present time. The pulse soon rose above 60, and he is now going about with the wound almost perfectly healed. Dr. Markoe also stated that he had now under his supervision a man forty-five years old, who first applied to him about two months ago, having been until a short time before in apparently good health. One morning he was seized with a pain just below the umbilicus, extending downwards towards the bladder, which he attributed to colic, and which was relieved after the action of a cathartic. In five days this was repeated, and every five days thereafter he had a similar attack up to the time when Dr. Markoe saw him. He then was suffering from this pain, and was somewhat enfeebled. He was put under a mild treatment for colic, and after a few days he showed to the Doctor some of his urine, which he said had now for the first time become milky in its appearance, and deposited a thickish substance on standing. On examination this deposit proved to be true pus. This was six weeks ago, the man has to *appearance* recovered, but the discharge of pus with the urine still continues in the quantity of about four ounces per day. There has been no appreciable inflammation or disturbance either urethral, vesical, or renal, except at one time when he had some pain in the neighborhood of the right kidney, at which time the pus disappeared from the urine, and reappeared simultaneously with the alleviation of the pain. No disease of the mucous membrane anywhere could be ascertained. Fully three-quarters of the entire quantity of pus now passed daily, is passed early in the morning. Dr. Markoe supposed there must have been an abscess exterior to the bladder which had opened into the bladder or some one of the urinary passages, but thought it very singular that the regular discharge of pus should have continued undiminished for so long a time.

Dr. Parker thought an abscess must have existed, opening into the bladder near its neck or into the urethra.

Dr. Post reminded the society that he had reported some months ago the case of a woman who had an abscess in one groin which subsided upon the discharge of pus with the urine.

Dr. Bumstead reported the case of a child seven years of age who had inserted a pea into his ear. Another child had pushed it with a stick down upon the drum. Several physicians had attempted to remove it, but had not succeeded. Dr. Bumstead tried to remove it with forceps, and afterwards by syringing, but failing in these he at length succeeded by using Schuft's spoon for the outspooning of cataract. The pea separated in halves just as it was brought to the meatus.

Dr. Parker stated that on the second of October he had been called to see a gentleman in the country, a farmer, thirty-seven years of age. Four years ago this man had pneumonia of the left lung, presenting no unusual features, from which he recovered. Soon after this he observed a small tumor on the left side of the chest, just under the clavicle and near its outer third. It was at this time of about the size of a butternut, distinct and pulsating, but unaccompanied with pain, and producing no inconvenience except a little tightness when he wore a tightly fitting coat. He paid but little attention to it, and about the middle of August applied to a physician to examine him as to his fitness for military duty, when the tumor was declared to be of a serious nature, being aneurismal; it had now attained the size of a teacup. Two weeks before Dr. Parker saw him, while carrying some bags of corn to a waggon, he felt something give way, and immediately after the tumor began to increase and become painful. Dr. Parker when called found the difference in measurement of the right and left sides to be eight and a half inches. On the second of October he tied the left subclavian artery in the third division. Dr. Parker thought it singular that the tumor should have existed so long without increasing in size until very recently. The patient was doing well.

Dr. Post referred to a case of popliteal aneurism in the New York Hospital, where the man refused to be operated upon, and the tumor remained about the same size for three or four years.

DIPHTHERIA.

Dr. McCready had under treatment a little girl four years old, whom he found on Wednesday pale and anæmic, with hot skin, a pulse of 160, constipated bowels, etc.; he gave a cathartic, and at his visit the following day his attention was called by the mother to the child's throat. He found the right tonsil very much enlarged and partially covered with a milky looking exudation; on Friday a full diphtheritic membrane covered the entire tonsil; and to-day, Saturday, a piece of tough membrane was discharged without apparently diminishing the covering of the tonsil. The general symptoms are improving, and the improvement seemed to begin as the membrane appeared.

The Society then adjourned.

American Medical Times.

SATURDAY, SEPTEMBER 20, 1862.

HEALTH IN OUR NEW NAVY.

> "The first and most important question to the seaman is his health. The death-rates for the fleet are in general satisfactory; but in some exceptional cases they are not, ranging, in fact, as high as 60 per 1000 per annum. On home stations the rate is 10, and the average on the whole is 16. We have inquired whether some improvement might not be made in the food of the seamen, and also in the ventilation of the berths. We have had a Committee sitting some time, and the result is that the Admiralty have resolved to make every possible effort to improve the ventilation of the ships. Everybody who has been on board ship in the lower deck, will know that the atmosphere is sufficiently bad to provoke almost any kind of disease, especially phthisis and fevers, as has been shown by the returns from the Mediterranean fleet."—Lord Clarence Paget.

Among the departments of the public service which this present war is revolutionizing, is the navy. At its commencement the United States had but 88 vessels of war, of all kinds; it has now upwards of 300 vessels, with a large prospective increase. A little more than a year ago we had about 8,000 soldiers and marines, but this number has been increased until we now have upwards of 23,000 seamen in the naval service. Hitherto the navy has attracted but a small share of the attention of the Government or the people, whether we regard the construction of vessels, or the character and condition of seamen. This is due to the fact that our naval service has been of little public importance during the long interval of peace just passed. The unexpected demand which is now made upon the navy has awakened our Government and the people at large to its importance as a power in time of war. With unexampled rapidity a naval force has been organized, ships constructed, their armament manufactured, and to-day we may fairly challenge the nations of the world to present a more formidable navy.

In the construction of our new vessels, every possible care has been taken to render them effective in service. Naval science has been tasked to the utmost to give the best model for strength, capacity, fleetness, and invulnerability. And science has not been appealed to in vain. She has practically revolutionized naval warfare during the last two years by the improvements introduced into the construction and armament of vessels of war. So entirely different are the models of some of our gunboats from any heretofore known, that at first sight even the best naval officer cannot recognise in them vessels of war. The first appearance of the Monitor completely deceived the rebel Commodore; and from the novelty of its construction, he was led to regard as a mere plaything the most powerful battery ever set afloat.

But while we have opened a new era in the navies of the world, have we done aught to render vessels of war more habitable to seamen? In all the discussions of the architects of new vessels, we hear little or nothing said of providing for the health and comfort of those who are to occupy them. We have not hitherto given a thought to this most important subject, and it is not strange that it should now be in part or wholly overlooked. It is a serious matter, however, and demands the earnest attention of Government; for on the preservation of the health and efficiency of the 20,000 to 30,000 seamen in its service depends the effectiveness of its war vessels.

The most important changes which have been made in the construction of our new naval vessels, bearing upon the health of the inmates, are: 1, the introduction of steam; 2, iron plating; and 3, rendering them sub-marine. With equal ventilation a steamship is far more unhealthy than a sailing vessel, for the simple reason that the internal heat on the former tends to give efficacy to those sources of impurity and disease which are always incident to large ships. It is also asserted by naval surgeons that the accumulation of offensive rubbish under the machinery adds to the impurity of the close hot air in the between-decks. The increased mortality in the English navy, from yellow fever, during the last fifteen or twenty years, has been found on the steamships. The same is true of our own mercantile marine; and there are some indications that this fact will be further demonstrated by our naval steamships engaged in the blockade.

Of the probable influence of iron-clad ships on the health of seamen a London contemporary thus speaks:—"When it is considered that hitherto armor-clad ships have been so built that their walls will, it may reasonably be inferred, rapidly accumulate and store up heat; and that the circulation of air in the between-decks, unless artificially provided for, will be diminished to the least amount, in consequence of the smaller number and less size of the port-holes, and the rigid exclusion, for the sake of strengthening the walls, of all apertures not absolutely required between the exterior and interior of the vessels, it is manifest that, unless the evils likely to arise from these sources are specially provided against, these ships may in the end become veritable pest-houses. That this foreboding is no mere sanitarian exaggeration, and that we are justified in fearing, there being no evidence to the contrary, that the health condition of armor-clad ships has not received that attention which the importance of the subject demanded and still demands, may be gathered from the results of the trial trips of the vessels of this class already built. They have proved to be very uneasy in a sea-way, and as a consequence it may be surmised that it has been necessary to keep the ports closed to a greater extent than in wooden ships of war—and closure of the ports, it is not to be forgotten, cuts off almost the entire ventilation of the between-decks. The heat of the between-decks, so far as may be judged from the experiments recorded in the naval news of the day, would seem to range higher than in wooden steam-vessels of war—the sickliest ships in the service, in consequence of their heightened temperature. The sailors complain of the extreme 'wetness' of the armor-clad ships; and it is highly significant of the state of the between-decks, that a little while ago a report was current in naval circles that deck-houses would probably be needed for the crews. Finally, experience has taught that the bilges of these ships require to be dealt with after a new fashion. We learn from the *Times* of the 10th ultimo, that some seventy tons of bricks and mortar have been built into the bottom of the Warrior to prevent the lodgment and consequent stagnation of the bilge-water." If to these qualities tending to produce and aggravate disease on board of our newly constructed naval vessels, we add their submergence, on the plan of the new Monitors, except the decks, which are imperforate, it cannot be doubted that we have multiplied their conditions of unhealthiness indefinitely. Of their special means of ventilation we are not informed, but that it must be defective is evident from the foregoing remarks. It is fearful to contemplate what must be the mortality of their crews if located in the vicinity of such a malignant disease as yellow fever. They would become the very hot-beds of pestilence.

It is of little consequence how completely a gunboat is iron-plated if its construction is such that mariners cannot live on board. The Monitor came near smothering its crew at sea by its bad ventilation, and thus proved itself worthless as a sea-going vessel. It is to be feared that this is but an illustration of the defects which time and circumstances will demonstrate to exist in our new navy, unless more attention is given to the sanitary condition of individual vessels. We commend to the Secretary of the Navy and his medical adviser the following truthful statements of an experienced naval officer:—

"It is now admitted, on all hands, that the strength and virtual efficiency of an armed force, whether afloat or on shore, is to be measured, not by the mere number of the names on the ship or regimental roll, however complete may be all the material equipments of the force, but really and truly by the actual number of hearty, vigorous men, who are, from day to day, and from month to month, continuously available for fatigue duties of all sorts. Every man put on the doctor's list is so much power withdrawn from the full effectiveness of the living machine Nay, it is more than this; for each such loss becomes the occasion of extra duty being cast upon the workmen to supply the void; and then, too, there is the time and labour of those who have to act as the attendants upon the sick to be taken into account. These consequences become a serious matter when sickness prevails to any considerable extent among a ship's crew. The energies of the workmen are over-taxed, their hours of mealtime and sleep are interfered with; continued extra fatigue creates weariness and discontent; and this is the very state of system in which health is liable to suffer from influences which it has hitherto resisted. Sickness thus gives rise to sickness in more ways than one; and this, too, is apt to go on in a progressively increasing ratio. Obviously, therefore, the necessity of averting or preventing to the utmost all disease, and of preserving, as far as can be done, uninterrupted health among a ship's crew, cannot be over-estimated as one of the main objects to be aimed at by all who have at heart the duty of maintaining a powerful navy, ready at all times for the defence and honour of our country."

THE WEEK.

The sanitary history of the Peninsular campaign will prove, if ever impartially written, the most disgraceful in the annals of war. The army was composed of stalwart men, accustomed to physical endurance, and of an age best adapted to undergo successfully the ordinary privations of a military campaign. It was always within a few hours' sail of the great granaries of the north, and Government withheld nothing that its commander required, whether for comfort or even luxury. And yet that magnificently appointed army, in the short space of three months, lost one-third of its effective strength by diseases contracted by the most glaring neglect of sanitary measures. A correspondent of the London *Times* thus exposes our "military stupidity:"—

"To watch this war is disgusting, both to an educated soldier and to an honest man, for nowhere is to be seen more military stupidity and more dishonesty than in this brave American army. You must not wonder if I get warm and bitter. The whole muddle does not affect me personally in the least, but I cannot help feeling as a soldier and a man. You have not seen the poor fellows in the hospitals or returning from the camps, to die at home of sickness which might have been prevented by a little care and a little more honesty. Some that I have seen are, without being ill, emaciated and weak from sheer want. They cannot bear suitable food, from having lived for weeks on biscuits, bad coffee, and swamp water, and breathed the foul and poisonous air of swamp woods during their sleep. I am not very sentimental, and no Sybarite either; but my heart aches and tears fill my eyes on hearing the simple tales of those poor fellows, and looking into their emaciated faces."

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It is remarkable to what a degree of health an army may attain which carefully heeds sanitary rules. The British army, even in the Chinese campaign, had a less mortality than the people of England at large. The following statistics of the mortality in other European armies are very interesting:

"The reports of the health of the Prussian army have been published. They show that in that army only 1 died out of every 144, being barely 70 in every 10,000 men. This includes suicides, accidents, and invalids. Without the former two classes the mortality was 1 in 166; and deducting also the invalids, 1 in 187. According to the locality, some remarkable differences in the mortality are pointed out. Thus the 1st Army Corps, which was in the Province of Prussia, lost 1 in 91 in the year 1860; the 8th Corps, in the Rhine Provinces, lost 1 in 289 in the same year, or less than one-third of what the 1st Corps lost. The like difference is said to be habitually found in the bills of mortality of the population of those two districts of Prussia. The mortality in the other European armies is stated as (in 10,000 men), in the Russian, 390; Austrian, 280; French, 190; Piedmontese, 160–170; English, 150; Belgian, 143. Then comes the Prussian army, the Danish and Saxon armies being about on an equality with it in this respect."

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It is stated that Gen. Vielé, Military Governor of Norfolk, Va., has organized the contrabands into "Broom Brigades" for cleaning the streets. These sanitary organizations regularly sweep the entire city, and Norfolk is now one of the cleanest cities in the United States. There is no danger of an epidemic in that town. Gen. V. is a citizen of New York, an active member of the Sanitary Association, and a thorough sanitarian. We venture to propose him as our next Mayor.

The Sanitary Commission commenced its session, at Washington, on Tuesday last. This is the first meeting of the entire body of Commissioners in several months, the details of business having been transacted during the interval by the Executive Committee. The Commission continue to furnish large amounts of supplies to the military hospitals, and in numerous ways meet the constantly increasing wants of the Army.

The Western Department of the Army seems to be under a rigid sanitary inspection. **Assist. Surg.-Gen. Wood** makes repeated tours for personal inspection of the hospitals and of camps.

Correspondence.

VOLUNTEER SURGICAL AID.

[To the Editor of the American Medical Times.]

Sir:—I have perused with much interest your editorial remarks respecting voluntary medical aid to the medical department of the army after sanguinary conflicts. It certainly is highly desirable that such aid should be so systematized as to be most wisely directed and most speedily and effectually applied; and perhaps there is no better method than the one which you have proposed for accomplishing these ends.

Having been cognizant of the results attending volunteer aid that has at various times been rendered after battles in the present war, I can bear testimony to its utility wherever such aid has been rendered in an unostentatious and proper manner. The plan adopted under advice of the War Department by the State Surgeons-General of New York, Pennsylvania, Massachusetts, and some other States, has worked very well. A high order of professional talent was thus placed at the command of the Medical Department of the Army. But it has been a noticeable fact that too many of that volunteer corps have made needless display of the petty authority which they presumed to have been conferred by their commission from the State authority. This evil, however, is slight in comparison with those attending such an indiscriminate call as was recently made by the Secretary of War, when Gen. Pope's dispatches from the battle-field of Manassas excited such fearful apprehensions of wholesale slaughter, that the entire population of Washington—a city within hearing of the battle's roar—was urged by public proclamation and alarming posters on every street to hasten instantly to the field from which the boasting hero of the west was supposed to be driving the foe, and leaving tens of thousands in their gore.

Though there may have been ample apologies for the excitement and the prompt response of the people of our profession, to whom the war-office addressed its startling appeal by every telegraph wire in the North, the War Secretary certainly had no proper reason for such a widespread summons of all classes to the work of relief for the wounded, unless his object was to ascertain how promptly and to what unmeasured extent the Volunteer Army could command such aid when needed.

As it was my privilege to see about one thousand of the medical gentlemen who responded to the call, permit me to correct an error which your remarks in the last No. of your journal are likely to propagate, to the discredit of all who proffered their services on that occasion. Though not all, and perhaps but few of those who went, were familiar with military surgery, I was particularly impressed with the evidence that all with whom I met had volunteered from the best motives, and would gladly do anything, and suffer any hardship for the relief of the wounded. And I cannot doubt that nearly all these gentlemen came on this errand at great personal sacrifices. Never can I forget the prompt reply of one of the most renowned of the Massachusetts volunteers, when at a late hour in the evening intelligence was received through a passenger directly from a company of wounded and famishing men, in a woodland near the Chantilly field where the heroic Stevens and Kearney fell. Said that physician, "Let me go to those men instantly! Though I am not a surgeon, I shall dress wounds, and give them such succor as they most require." That noble physician went that very hour, in company with two other physicians, and with ample supplies; and when on Monday morning, the seventh day after the battle, he returned with a train of ambulances, bringing all who had survived, fifty noble men, thus rescued, blessed him for his labor of love, which I heard a surgeon with a State commission and assumed military trappings, decline to undertake, because by this time the regimental surgeon who remained with those men, would probably have *finished all the surgery.*" [I am happy to believe this man was an exception to his corps.]

The noblest physicians who reached the field of Manassas, proved themselves the best Surgical Dressers, and most humane and competent attendants and helpers, and their profession afforded them the necessary military protection and aid.

It was observed both about Washington and at the battle-field that the Volunteer Corps from New York and Brooklyn, a company of between fifty and sixty in number, succeeded in accomplishing all they undertook, simply by virtue of being organized, and acting under an executive committee of three accomplished surgeons. They not only were without delay assigned to the care of a vast hospital, the Capitol and grounds, but I am informed that they succeeded in getting a detachment of nineteen (19) of their number to the battle-field with the first supply and ambulance train that reached the field under a flag of truce. And it is worthy of mention that their number was too small even to attend to the surgical dressings, while several of them are said to have been assigned to surgery under direction of Dr. **Detmold**, who, as their leader, had placed the whole detachment under Surgeon Cooledge's orders.

From what was seen here of the working and preparations for work by the hastily organized Corps from your city, and more especially from the sad disappointment of the hundreds who came from other cities and States without any organization or any plan of effort excepting to report in person to the Medical Bureau, the importance of some well digested system for all volunteered civilian aid to the Medical Department is rendered apparent. And from various considerations it would appear very desirable that each city and large town should have its special organizations, and that all of them be kept *en rapport* with the Surgeon-General of the Army, and with the State authorities, and that a certain number in each corps be always ready for instant orders. All physicians who are summoned to special service by the Surgeon-General, should be well remunerated when on duty. That generous impulse that would lead most civilian surgeons to give their services gratuitously, would with equal certainty and greater reason cause them to augment the hospital fund with the money offered for their labors by the government.

Senex.

Washington, D. C., Sept. 15, 1862.

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Association of Medical Superintendents of American Institutions for the Insane—The sixteenth annual meeting of this association was held in Providence, R. I., on the 10th, 11th, 12th, and 13th of June last. The following are officers for the year:—

President—Dr. **Thos. S. Kirkbride**, of Philadelphia.
Vice-President—Dr. **John S. Butler**, of Hartford, Conn.
Treasurer—Dr. **O. M. Langdon**, of Cincinnati, Ohio.
Secretary—Dr. **John Curwen**, of Pennsylvania.

A memoir of the late Dr. Bell was read by Dr. Ray.—*Med. News.*

Army Medical Intelligence.

REPORT OF DR. JOHN SWINBURNE, OF ALBANY, N. Y., ON THE HOSPITAL AT SAVAGE'S STATION, VIRGINIA.

(*Continued from page* 158.)

On or about the 8th July the Confederate authorities arrested the Rev. Mr. Reed, and, without making any specific charges, took him to Richmond. On the 9th I made a special requisition to Gen. Winder (Provost Marshal Gen. of Richmond), in accordance with Gen. Hill's directions, for a detail of two hundred of our men and rations for the same, to act as nurses, and for other purposes. About this time I visited Malvern Hill, and the hospitals in the neighborhood of White Oak Swamp, and found that most of the wounded had been removed either to Richmond or Savage's Station; and on my return to S. S., I found to my disgust and surprise that the Confederate authorities had arrested and carried to Richmond Mr. Brunot, his corps of nurses, and Mr. Howell, leaving us in a sad predicament in reference to our wounded. I again petitioned the officer in charge to the effect that he should visit Richmond in person, and solicit from Gen. Winder some of our men for nurses. On the 10th we received two hundred men from Richmond, with whom no rations were sent. Up to this time we had not sufficient materials for food. But now our rations being nearly out, and the Confederate authorities furnishing none, I made a requisition on the officer of the post for food. On the 12th our requisition for food was answered by sending us a limited supply of flour and poor bacon. We were compelled to make the best of our condition; and with these two hundred men we commenced at once to improve the sanitary condition of the hospitals and grounds.

On the 12th we had everything in good order and our men comfortable. At this time Dr. Johnson, Med. Purveyor, C. S. A., visited the hospital. He said he supposed we had been or soon would be removed. On the evening of the 13th a courier arrived at the hospital with a message for Dr. Guild, which he read to me. It consisted of an agreement between Generals McClellan, Lee, and their medical advisers (Drs. Letterman and Guild), to the effect that we would be paroled and sent to our lines by the most direct route.

Dr. Greenleaf of the U. S. A., and Dr. Guild of the C. S. A., were to arrange the time and place at which this parole should be carried into effect. On the 14th the Confederate officers informed me that an entire exchange of prisoners would take place; that an agreement between the Confederate and Federal authorities was made; that Gen. Hill of the C. S. A., and Gen. Dix of the U. S. A., were to arrange the preliminaries. On the same evening, Maj. ——, C. S. A., met me with a train of army wagons, filled with sick (from a hospital situate about a mile to the east of Savage's Station), en route to Richmond. He informed me that in the morning three hundred army wagons would be at Savage's Station to remove the sick and wounded to City Point, via Richmond, or to Richmond, and hence down the James river on flatboats to our transports. I protested against this inhuman manner of moving the sick and wounded. I took steps immediately to ascertain the truth of the statement, and procure a more humane mode of removal, as I then supposed, into our own lines. Since what had occurred on the previous two days, I had not the remotest idea that there would be any detention in Richmond; but, on the contrary, that they would be placed directly on board the flatboats and sent down the James river to our own transports. Had I supposed that they were to be detained in Richmond to receive the treatment they subsequently did, where many valuable lives were sacrificed, I should have sought an interview with Gen. Lee, and thereby have prevented this misfortune.

On the 15th Maj. Rodgers called with a train of cars, box and platform, saying we were to be removed to Richmond, then down the James river on flatboats to our transports. This day he removed over a thousand, including physicians and many nurses. During the afternoon, Dr. Johnson, C. S. A., called, took charge of all the stores, instruments, medicines, tents, etc., for which he gave me a receipt, saying the remainder would be removed the next day. On the morning of the 16th another load was removed, and in the evening a second train had just been loaded. Many of the most severely wounded were placed on platform cars, when we experienced the most violent storm of wind and rain, and which continued until late in the evening; the train arrived in Richmond about ten P.M., it still raining somewhat. Dr. Churchill, U. S. A., in charge, informed me that no one was present to receive them; no building prepared to put them in; that no food was prepared for them; no persons present to unload the wounded. The train was left outside the depot, and he, with the limited number of nurses, succeeded in removing those from the platform cars to the adjacent sheds and depot by three o'clock next morning. Here these poor wounded men remained, in the rain, wet and cold, with no blankets, no food, and, I may say, no shelter; many of them lying near the rails for forty hours. Dr. O. Munson, U. S. A., who had charge of one train, informed me that when good Samaritan women offered to supply the wounded with coffee, tea, or other nourishment, they were rudely driven away by the bayonet of the Confederate soldier. Then (under guard) he was conducted to prison, where he remained without supper or breakfast, while for dinner he had simply a little poor bacon and bread. He remained in prison until two o'clock the next day, when he was allowed to visit his patients, under guard. He found his patients had had no nourishment; no water to wet their wounds or to drink; and that their nurses had been taken from them. They remained in this condition until the afternoon of the 17th, when over a hundred of the worst cases were sent back to Savage's Station; the residue were sent to close and ill-ventilated hospitals, and several died before removal. Those who were returned to Savage's Station arrived late in the evening, and inasmuch as it was raining and they were in box cars, and the tents, what were left standing from the storm, were wet, I resolved to leave them where they were through the night. We therefore prepared them for supper—flour gruel, the only food we had—and then made them as comfortable as we could. The next morning we prepared tents and moved the patients to them. Being informed that we would stay some time at Savage's Station, and that those who were taken to Richmond were still there and would not be soon removed, we again made preparations for a long stay.

I had sent several surgeons to Richmond with the wounded, and learning (from Dr. Munson, U. S. A.) that about thirty U. S. surgeons were there in attendance, and were all kept in close confinement, and only allowed to see the patients under guard, and that every facility, including medicines, instruments, nurses, proper food, &c., had been removed from them, and they were then upbraided for not doing their duty; though we had sixteen left to attend (nearly half of whom were sick) on the three hundred and fifty sick and wounded at this place, I deemed it best to retain them, inasmuch as they could do no additional good, since they would be treated as the others were.

Up to this time we had been enabled to furnish ourselves with some fresh meat and soups from some beeves which remained in charge of the Rev. Dr. Marks, U. S. A., who had charge of a small fever hospital, of about one hundred patients, situate about a mile east of Savage's Station, the management of which requires some little notice; and though I have not a statistical report, I think it was the best managed and disciplined hospital in Virginia. But now the remnant of our own stock, including instruments, medicines, &c., having been taken by the Confederate Medical Director, under the alleged impression that we were to have been removed at the time the rest were, we were obliged to depend upon the material furnished by requisition from Confederate authorities or by purchase with our own funds. Up to this time the officers had furnished the principal portion of their own subsistence by purchase. It then became a matter of serious consideration, knowing, as we did, that the rations furnished by the Confederates consisted of flour and poor bacon only. While food, necessary for the comforts of the sick, was very expensive and difficult to obtain, and the inhabitants were unwilling to sell unless for gold, and were also instructed from Richmond not to sell to the "Yankees;" so that it was very difficult to obtain a sufficient amount of food for the officers, and at the following exorbitant prices: Eggs, $1.50 a dozen; milk, 25c. to 50c. pr. quart; butter, $1.25 pr. lb.; sheep, $8 apiece: other things in proportion. While at Richmond, tea sold for $10 and $16 a lb.; coffee, 120c. per lb.; sugar (common brown) $1.25; brown hard soap, 50c. for a piece 2 in. square. Other things proportionally high, including bread. In this dilemma, I wrote Dr. Guild, M. D., C. S. A., our condition and wants, who answered it by sending us, the next morning, Dr. Winfield, C. S. A., Medical Inspector Hospital, Camps, &c.; and accompanying him was Col. ——, an officer of Gen. Lee's staff, and sent by him. In answer to the inquiry of these gentlemen as to what we were feedind our patients, I stated that flour and bacon were their food, medicine, &c.; it was all we had; that our bacon, though limited in its supply, was absolutely maggoty. This statement was confirmed by Lient. Lacey Stewart, C. S. A., commanding post. I referred him to the wan, worn, and exhausted countenances of the patients; that what little choice stores we had were removed by their own people on the 15th inst. They left, saying they would see to it, and send us all they could; that they had been providing us with rations the same as was supplied their own men; that they would also interest Gen. Lee in our behalf. In the evening they sent us a small invoice of medical stores; the first and only supply from the C. S. A. I will here state that nearly one hundred of the patients, then at Savage's Station, had recently been brought from a hospital, situate on the battle-field of Friday, 27th June, where they had lived on nothing but flour from the day of the battle up to the 16th of July, and hence were exhausted, and many moribund when they arrived.

This hospital was under the charge of the late Dr. Milner, U. S. A., who fell a victim to cerebral exhaustion, induced by this insufficiency of food.

In reference to the removal of the wounded men to Richmond and their subsequent treatment, Dr. Winfield, C. S. A., stated that they should never have been removed until paroled, and then sent directly to our lines; that their removal was not in accordance with Gen. Lee's or the Medical Director's wishes, and intimated that it was brought about by some meddlesome parties in Richmond who wished to exercise a little brief authority. But I gravely suspected that it was more a desire to make an exhibition of the "wounded Yankees" (as they familiarly called them) than it was a meddlesome interference. Still I cheerfully and fully exonerated Gen. Lee from any part or knowledge in this transaction.

I feel assured that all the deficiencies and difficulties which we experienced were not the fault of Gen. Lee or his medical staff, since all the generals and medical officers with whom we were brought in contact were unusually attentive to the necessities of the wounded and sick; but that there was a fault somewhere there is no question, and that fault I attribute to the inhumanity of the authorities of Richmond, and this fault has been a *fatal* one to *many* of our *wounded soldiers*.

In view of all the circumstances here set forth, on the 20th I summoned all the medical officers present to meet in order to devise some suitable means of sustaining and supporting the strength and thereby preserving the lives of the wounded remaining at Savage's Station. In the afternoon I visited several farmhouses in the neighborhood; found mutton and beef very expensive. From this time we made mutton soup in addition to the rations furnished, and which supply I kept up with my own funds.

This day for the first, Lieut. Lacey Stewart, commanding post, succeeded in obtaining in addition to the regular rations, some sugar, salt, and dried apples, the first and last they furnished. I have since learned that these things were drawn for his own command, and that they generously divided them with the wounded.

To-day (22d) Dr. Sutton, U. S. A., died exhausted from typhoid remittent fever.

On the 23d the Surgeons passed preamble and resolutions, and attended the funeral in a body.

I also visited some of the battle-fields and ascertained that none of our dead had been buried. They remained as they had fallen; simply sufficient dirt had been thrown over them to form a scanty covering, and in many instances hands and feet were still projecting, and many of the bones are now strewn about the field. This was true of all the battle-fields from Gaines' Mill to James river. This, together with the unburied horses, made the atmosphere very offensive and sickening to those in hospitals. One fact is here worthy of notice: while the Confederates removed all their wounded, buried their dead men and horses in some secluded spot, they failed to bury our dead at all, and at best left them exposed for several days, a loathsome spectacle to behold, and from the fact of its occurring on every battle-field from Gaines' Mills to James river, one would be led to suppose that it was done purely for effect. We noticed another fact, that our wounded were always left on the battle-field, not only till theirs had been removed, but their dead men and horses removed also. As an instance: some of the wounded of Monday (battle of White Oak Swamp) were left on the battle-field until Saturday, for which I could not see any palliating circumstances, nor could the enemy render any valid excuse.

On the 25th one of our surgeons, Dr. Milner, U. S. A., died very suddenly from inanition, induced by insufficient food. Upon this occasion I again addressed Dr. Guild, in reference to our condition.

On the 26th the surgeons met, passed appropriate resolutions in reference to his death, and attended his funeral in a body. At the same time I addressed Gen. Winder, and I received the following verbal answer: "He had nothing to do with us."

On the 26th, Lieut. Lacey Stewart, commanding post, went to Richmond, and in the evening returned with a train of cars, saying we must be loaded by four o'clock A.M., the following morning, to be transhipped to City Point the same day. The following morning, according to directions, we moved to Richmond, under the kind care of Dr. Cullen, C.S.A., and were carefully transferred in good ambulances to the Petersburgh Railroad Depot, from thence to City Point, arriving at that place about five P.M., 27th, and were soon shipped on board our own transports; this being the last of our sick and wounded from these battle-fields before Richmond, except some few minor cases. The next day (28th), I reported to Dr. Letterman in person, who said under the circumstances I had better report to you (Surgeon-General).

I herein append the names of the sick and wounded of those remaining at Savage's Station on Monday the 30th day of June, and those received at that time, and up to our departure (27th July), also the names of those who died as far as could be ascertained.

All of which is respectfully submitted.

John Swinburne, *Surgeon in charge.*

Wild Thyme in Whooping-Cough.—M. Joset says that an infusion of wild thyme will, in many cases of whooping-cough and affections of the air passages, remove the complaint when all other remedies fail.—*Med. News.*

TO CORRESPONDENTS.

An Inquirer.—The statement of Prof. Lee that the mortality of England is 8 in 1000 of the population, was a misprint of 18 in 1000.

J. V. (St. Louis.)—The charges against Brig. Surg. Hewitt have been withdrawn, and he is, we believe, assigned to duty.

Many Inquirers.—The appointment of surgeons to examine drafted persons is made by the Governors of the several states.

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METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 8th day of September to the 15th day of September, 1862.

Deaths.—Men, 89; women, 104; boys, 185; girls, 151; total, 529. Adults, 193; children, 336; males, 274; females, 255; colored, 4. Infants under two years of age, 274. Children born of native parents, 86; foreign, 258.

Among the causes of death we notice:—Apoplexy, 5; infantile convulsions, 40; croup, 11; diphtheria, 9; scarlet fever, 8; typhus and typhoid fevers, 14; consumption, 56; small-pox, 2; measles, 8; dropsy of head, 18; infantile marasmus, 55; cholera infantum, 75; inflammation of brain, 11; of bowels, 12; of lungs, 8; bronchitis, 5; congestion of brain, 9; of lungs, 8; erysipelas, 0; diarrhœa and dysentery, 30. 296 deaths occurred from acute diseases, and 42 from violent causes. 384 were native, and 145 foreign; of whom 98 came from Ireland; 57 died in the City Charities; of whom 16 were in Bellevue Hospital, and 6 died in the Immigrant Institution.

Abstract of the Atmospherical Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Sept.	Barometer.		Temperature.			Difference of dry and wet bulb. Thrm.		Wind.	Mean amount of cloud.	Humidity Sat'tion, 1000
1862	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	In.	In.	°	°	°	°	°			
8th.	30 07	.07	75	67	83	8	10	S.	3	584
9th.	30.11	.06	71	65	77	10	16	N.	.04	540
10th.	30.21	.11	69	60	76	10	17	N.E. to S.	.08	530
11th.	30.24	.14	71	68	77	9	15	N.E. to S.E	6	570
12th.	30 00	.21	71	66	75	8	4	N. E.	10	821
13th.	30.10	.20	67	62	71	9	15	N. W.	3	540
14th.	30.21	.11	62	60	65	9	14	N W to S W	5	530

Remarks.—8th, Cloudy, A.M., sultry day. 9th, Sultry, A.M., fresh wind P.M. 10th. Fine, wind fresh. 11th, Sultry, A.M., variable P.M., rain late at night. 12th, Rainy all day, lightning at 2 P.M. 13th, Variable, wind fresh. 14th, Variable, wind fresh, A.M.

College of Physicians and Surgeons.

The Preliminary Course of Lectures will commence on Monday, Sept. 22d, at 10 o'clock A.M., and continue until the opening of the Regular Course, October 20th. The Lectures will be delivered by

Dr. Detmold on Orthopedic Surgery.
Dr. Loomis on Auscultation.
Dr. Watts on the Anatomy of the Heart and Vessels.
Dr. St. John on Meteorology applied to Hygiene.
Dr. Conant on Dislocations.
Dr. Livingston on Mechanical Appliances in Surgery.

Students of the College are admitted to *all the Clinical Instruction* given in the New York and Bellevue Hospitals on the same basis as heretofore. At the New York Hospital, Drs. Smith, Parker, and Markoe, and at the Bellevue Hospital, Drs. Parker and Clark, are members of the attending staffs.

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to L. I. College Hospital, Brooklyn, removed to St. Paul, Minn.

References.—C. L. Mitchell, M.D., T. L. Mason, M.D., Prof. E. N. Chapman, M.D., of Brooklyn; Prof. Austin Flint, M.D., Prof. B. F. Barker, M.D., of New York.

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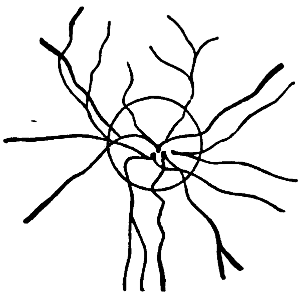
To the Medical Profession.—Dr. I.

Parigot has changed his residence and is prepared to receive a very limited number of patients in his country house at Hastings, on the Hudson; he can be consulted in town at Dr. Douglas' Office, No. 12 Clinton Place, on Tuesdays and Saturdays, for Nervous Diseases and Medico-Legal questions.

American Journal of Ophthalmology

JULIUS HOMBERGER, M.D., Editor.



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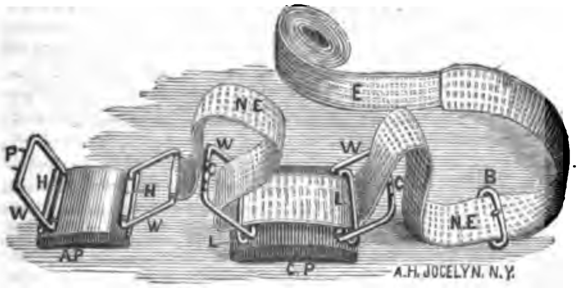

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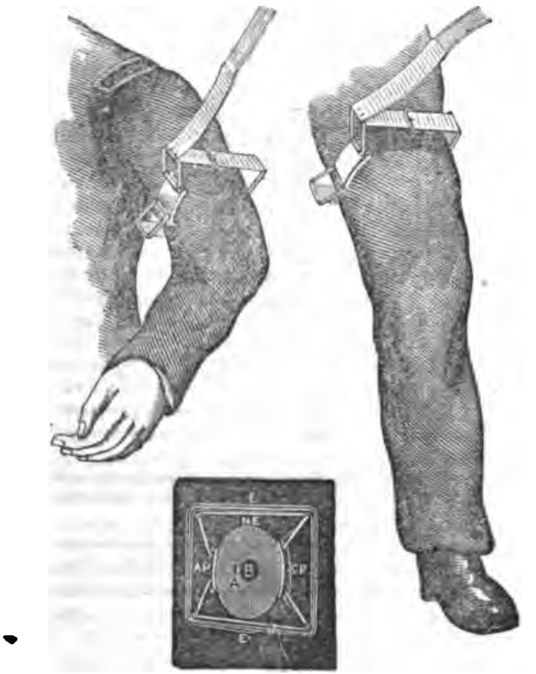

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References.—D. Tilden Brown, M.D., Supt. Bloomingdale Asylum, Manhattanville, N. Y. Edward R. Chapin, M.D., Supt. Kings Co. Lunatic Asylum, Flatbush, L. I. Moses H. Ranney, M.D., Supt. N. Y. City Lunatic Asylum, Blackwell's Island. John E. Tyler, M.D., Supt. McLean Asylum, Somerville, Mass. Rev. Wm. Adams, D.D., No. 8 East 24th St.

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We have only been able here to refer to certain of the more prominent facts concerning diphtheria; but we believe we have said enough to recommend this well-written treatise to the attention of the profession.—*British Medical Journal.*

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Armand, Histoire Medico-Chirurgicale de la Guerre de Crimée. 8vo. Paris. $1.85

Baudens.—La Guerre de Crimee, les Campements, les abris, les ambulances, les hopitaux, &c., &c. Second edition, 12mo. Paris, 1858. $1.

Bertheraud. Campagnes de Kabylie. Histoire Medico-Chirurgicale des Expeditions de 1854, 1856, and 1857. 8vo. Paris, 1862. $1.80.

Boudin.—Resumes des dispositions legales et reglementaires qui president aux operations medicales du recrutement, de la reforme et de la retraite dans l'armée de terre. 8vo. Paris. 50 cts.

Boudin.—Systeme des Ambulances des Armées Francaises et Anglaises. 8vo. Paris. 87 cts.

Cazalas. Maladies de l'Armee d'Orient. Campagne de 1854–55–56. 8vo. Paris, 1860. $1.25.

Fraser. A Treatise upon Penetrating Wounds of the Chest. 8vo. London, 1859. $1.60.

Guthrie.—Commentaries on the Surgery of the War in Portugal, Spain, France, and the Netherlands. With Additions relating to the War in the Crimea. 8vo. London. $4.65.

Jacquot. Du Typhus de l'Armee d'Orient. 8vo. Paris, 1858. $1.87.

Longmore (T.) A Treatise on Gunshot Wounds. Philadelphia, 1862. 75 cts.

Tripler & Blackman.—Hand-Book for the Military Surgeon. 12mo. Cincinnati. $1.

Notes on the Surgery of the War in the Crimea, with Remarks on the Treatment of Gunshot Wounds. By GEORGE H. B. MACLEOD, M.D. Philadelphia, 1861. $1.50.

Outlines of Military Surgery. By SIR GEORGE BALLINGALL, M.D. 5th edition, 8vo. London. Price $4 00.

Warlomont. L'Opthalmie Militaire à l'Academie Royale de Medecine en Belgique. 8vo. Bruxelles. $2.

Williamson.—Notes on the Wounded from the Mutiny in India. With a Description of the Preparations of Gun-Shot Injuries contained in the Museum at Fort Pitt. 8vo. London. $8.75.

Original Lectures.

LECTURES ON NEW REMEDIES AND THEIR THERAPEUTICAL APPLICATIONS.

DELIVERED AT THE
NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL.

By SAMUEL R. PERCY, M.D.,
PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS.

LECTURE IX.

OLEUM TIGLII.—CROTON OIL.

Gentlemen:—This substance is obtained from the fruit or seeds of a small tree, the Croton Tiglium, growing in Ceylon and the East Indies. There are three seeds in each fruit capsule, each about the size and shape of a small castor-oil bean, but they differ much in appearance from the castor-oil bean, being of a nut-brown color externally, and when this downy covering is rubbed off, showing a blackish shell underneath. When this shell is cracked, a kernel is found within, of a light brown color, and possessing no odor. The taste of the kernels is at first not very unpleasant, but the after-taste is acrid, unpleasant, and burning.

The oil is obtained by expression from the seed. There are two varieties in the market: that obtained directly from Ceylon and the East Indies, and that prepared by expression from the imported seeds in London. There is no croton oil prepared here.

The foreign or East India croton oil (oleum crotonis exoticum) is of a pale yellow color, transparent, and nearly of the consistency of castor oil. If equal volumes of this oil and pure alcohol of sp. gr. 0·798 are shaken together, the mixture becomes opaque and milky, the oil is not dissolved; but if heat is carefully applied the mixture becomes transparent, showing that the oil is soluble in hot, but not in cold alcohol. If this hot solution is allowed to stand for several hours, and become cold, it separates into two strata, the lower of which consists of the oil which has increased in volume by the absorption of a portion of the alcohol, and the upper containing the alcohol, which is somewhat lessened in volume.

The English croton oil (oleum crotonis Anglicum) is of a much darker color than the foreign, being of a reddish or chestnut-brown color. If equal volumes of this oil and of alcohol of the sp. gr. above mentioned, are shaken together, we have a uniform transparent mixture, which does not separate upon standing, unless exposed to a low temperature; the same separation then takes place as with the foreign oil, and with the same absorption of a portion of the alcohol.

Many theories have been advanced regarding the different behavior of the oil from these two sources, but as yet no satisfactory reasons have been given.

Many chemical investigations have been made to ascertain to what particular principle in the oil the cathartic property is due, and these investigations have been chiefly made in Europe with oil freshly expressed from the seeds. Dr. Schlippe (Annalen d. Chem. und Pharm. CV.) ascertained that the peculiar acid principle of the oil, crotonic acid, possessed neither purgative nor caustic properties, but that the peculiar odor of the oil was due to the decomposition of this acid. The caustic or pustulating property he found to reside in a resinous body, which is called *crotonole*, but this crotonole had no purgative action. He could not isolate the purgative principle.

He obtained the crotonole or pustulating principle in the following manner:—Croton oil is agitated with a sufficient quantity of an alcoholic solution of soda, to form a milky fluid; this is gently heated for some hours, and then, by the addition of water, or of solution of chloride of sodium, the milky oil particles are driven to the surface, where they unite to form a continuous oily stratum. This fatty oil is entirely got rid of by repeated filtration through a moist filter. From the filtrate, water and muriatic acid separate another oil, which is dissolved in cold alcohol, and mixed with fresh hydrated oxide of lead; by this means a flocculent precipitate is formed, which, towards the end, often coheres to form a slimy mass. When the acid reaction has entirely disappeared, a little soda and a large quantity of water are added, by which the fluid is first rendered milky, but afterwards divides into a clear fluid and a clear oil, which sinks to the bottom. To attain this, an addition of large quantities of chloride of calcium to the alcoholic solution was frequently indispensable. The oil then separated is washed with water for some time upon a moist filter, and then dissolved in ether; the etherial solution is agitated with water in a cylindrical glass, the clear etherial solution is drawn off, and freed from ether, in a capsule in vacuo. The *crotonole* remains as a tenacious mass, resembling turpentine. It is colorless, or of a slight yellow color. The odor is weak and peculiar. In its properties it most closely approaches the alcohols. Croton oil obtained by pressure contained 4 per cent. of this crotonole.

That croton oil is not homogeneous in its composition is proved by the experiments of M. Dublanc. He sought to extract the acid principle from the oil, and with this view he agitated one part of oil with ten of alcohol, and allowed it to stand for some time. The alcohol dissolved six per cent. of the oil, and with it the acid, the coloring matter, and a part of the pustulating principle. The undissolved oil had taken up a considerable portion of the alcohol. On separating the oil dissolved in the alcohol, it was more viscid, pungent, and acid than the original oil. On the other hand, when the portion of oil not dissolved by the alcohol is treated three times with alcohol, its volume is diminished, and it becomes entirely free from acrimony, and it may be taken in the mouth without producing any unpleasant local symptoms. It is soluble in all proportions in ether, and has a sp. gr. of ·92.

That portion of oil soluble in alcohol, when applied to the skin, causes almost instantaneous pain, and is soon followed by a blister.

On the Detection of Croton Oil in Mixtures.—In searching for a ready method for proving in oily mixtures the presence of croton oil, Prof. Maisch availed himself of Schlippe's researches, who, as we have before mentioned, without being able to discover the cathartic principle, found the rubefacient ingredient *crotonole* to be a resinous principle, which, together with other resins and free acids, is removed from the oil by agitation with an alcoholic solution of caustic soda, and then separated by neutralizing the solution with hydrochloric acid. Prof. Maisch followed strictly these directions, sometimes substituting for soda, caustic potassa, and sulphuric for hydrochloric acid, with the same results. Experimenting first with mixed oils, containing from one-eighth to one-tenth of croton oil, he afterwards operated with olive and almond oil, containing one drop to the ounce. The quantity of caustic potassa he regulated according to the amount of croton oil, or, if unknown, in accordance with the effects of the oil upon the skin. For oils insoluble in alcohol he used 85 per cent. alcohol, adding to it a sufficient amount of an alcoholic solution of caustic potassa, and agitated well. After separation had taken place, the alcoholic liquid was removed, and an equal amount of water added to it, and a sufficient quantity of sulphuric or muriatic acid. Soon an oily liquid rises to the surface, which, when applied upon the arm, produced, in the course of three or four hours, not only inflammation but also the pustular eruption peculiar to the action of croton oil. If the quantity was small the acidulated liquid was shaken with strong ether, the ether evaporated, and the residue applied.

For castor oil, and in the presence of volatile oils, he employed dilute alcohol, mixed with an alcoholic solution of potassa, and omitted the dilution of the decanted alcoholic liquid. The results were equally satisfactory;

and in this manner he detected croton oil in the so-called castor oil capsules. Croton oil may be detected in pills and emulsions in the same way. These preparations are first exhausted with ether, and the residue from the evaporation of the ether is employed.

Physiological Effects—on Animals.—In moderate doses croton oil acts as purgative, in larger doses it acts as a drastic hydragogue cathartic. In some animals, as the dog and cat, in full doses it produces nausea, vomiting, hypercatharsis, and pain in the intestines. Injected under the skin it acts more promptly and more violently, and the spot where the injection is made becomes very sore, and frequently sloughs. Injected into the veins a very small quantity acts as a powerful cathartic and emetic in a very short time, and if the quantity injected is large death ensues.

On Man.—If given in the dose of one or two drops, unmixed, it occasions an acrid burning taste in the mouth and throat, and if it has been allowed to remain for any length of time upon the lips they swell and become quite sore; in one or two hours it acts upon the bowels as a drastic purgative, causing three or four copious watery evacuations. In larger doses it produces nausea, vomiting, and hypercatharsis, and if the dose has been excessive, gastro-enteritis. When rubbed upon the skin it produces a peculiar pustular and vesicular eruption.

Medicinal Uses.—From the energy and celerity with which croton oil acts it is a valuable agent in removing accumulations within the bowels when such have not been produced by inflammatory action. In coma, apoplexy, and in cases where speedy and powerful catharsis is necessary, and in cases where from loss of consciousness a person cannot swallow a large dose of medicine; or in mania, where the patient frequently will not swallow anything in quantity, croton oil, from the smallness of the dose, and the ease with which it is administered, is especially serviceable. Whether in adults or children, in any disease where a powerful and speedy cathartic is needed, either to act directly upon the intestinal canal and remove accumulations, or to act as a counter-irritant to relieve other organs, croton oil will be found very serviceable. But in all these cases it needs to be administered with caution, as in overdoses it produces serious gastro-enteritis.

Rubbed upon the skin croton oil produces rubefaction and pustular eruption, and with this intent is used to relieve diseases of internal organs by producing counter-irritation. For this purpose it is most frequently used in diseases of the air passages, as in laryngitis, bronchitis, and pneumonia. It has been highly recommended in this way in rheumatism and neuralgia, but so far as my experience goes it should seldom or never be used in these diseases, as the amount of benefit derived is always doubtful and the suffering of the patient greatly augmented. It has been applied in this way over the abdomen to produce catharsis when medicines are rejected from the stomach, but I have never known it produce purging when applied in this way, and I conceive it to be a cruel and unnecessary suffering to the patient. To produce pustulation it is rubbed in with the finger or a piece of soft flannel or buckskin upon the part where pustulation is required, the friction being continued for ten or fifteen minutes; care should be taken not to extend it beyond the bounds required, as it nearly always spreads more than is necessary. The pure oil is sometimes used, at other times it is diluted with either castor or olive oil. If it is desirable to avoid the spreading of the pustulation it may be readily prevented by covering the parts desired to be protected by collodion.

Dose.—Croton oil may be administered to adults in doses of one to two drops as an active purgative, and as a milder aperient in doses from one-tenth to one-half drop. To children it is required in rather larger proportionate doses.

Mode of Administration.—The most preferable form of administration is in pill, because in this form it may be taken without taste and without irritation in the mouth and fauces. The proper vehicle for forming it into pilular form is dried and powdered soap; if a proper quantity of this be taken and the oil dropped upon it pure, manipulation in the mortar will form it into pill mass. It should always be made fresh, as by keeping it in this way the oil soon becomes rancid. Although in pill form it acts more rapidly, still it acts more harshly than when given diluted with castor oil, or when given in alkaline emulsion. My favorite way of administering it is to rub up the desired quantity with a small quantity of sugar so as to divide it thoroughly, then dilute liquor potassæ is added, adding three drops of liquor potassæ in a drachm of water to each drop of oil. This is well rubbed together until the oil is partly saponified, then half an ounce of almond emulsion is added and the whole flavored with the essential oil of bitter almonds. Castor oil capsules and jelly are made which owe their activity to a small quantity of croton oil.

Original Communications.

THE DISTINCTIONS BETWEEN A VIRUS AND A POISON.

By W. H. THOMSON, M.D.,

MEDICAL REGISTRAR OF BELLEVUE HOSPITAL, AND STATE MEDICAL INSPECTOR.

[Read June 2d before the N. Y. County Medical Society, and published at its request.]

(Concluded from page 16[illegible].)

We think we have adduced enough to show that whatever viruses may be, they cannot be justly classed with poisons. A negative demonstration is sometimes, in medicine, a great advantage, second only to positive discovery, for little else has delayed medical progress so much as the confounding together of entirely distinct morbid processes. Certainly virous diseases present a great many phenomena, which are wholly peculiar to them, and as we have shown, they are not simply distinctive characters, which may serve to difference them from other diseases, but they are the very essence of the diseases themselves; and as none of them enter into the constitution of other maladies, least of all in the processes of poisons, viruses must therefore form a class by themselves. And what an interesting class it is! Repeatedly have the nations trembled at these Messengers of Death, as they issued from the Gates of the East, on a westward march which none could hinder or stay; and at every turn, wherever we meet our fellow men, we may encounter some one of these fearfully potent agencies, causing, like the agents of human contests, the greater destruction in the greater crowd. The question, what is their real nature? can be surpassed by none in importance, in the whole range of medical science. Unfortunately, when we begin to essay its answer, it is no longer like proving what they are not; for we so far can have recourse to speculation only, though in this we have very many elements of presumptive evidence. In the first place, we think there is very strong ground for recognising in the essentials of viruses, the characters of organic life—a period of germination, then a period of development or growth, and then a period of reproduction, evidenced also in their capacity of self-propagation; and we should like to listen to an explanation of any one of these successive elements of viruses, by a pathologist who holds them to be mere physical agents like poisons. Again, viruses are affected in their development by variations, often inappreciable to our senses, in their soil, climate, and season, as only organic growths are. Thus we continually see in the vegetable kingdom the same seed showing every degree of development, owing to causes which are more often unknown than known—thousands of seeds never coming to anything, others growing most luxuriantly but a few feet from where they are small and dwindling. One year, the crop is great, the next season it is every way inferior; while the same plot which brought forth abundantly in one month will not yield a blade in another month; and still further, the same soil will refuse to yield any more of a product for which it once was famous. We need not repeat the characters of viruses in close analogy with all these familiar facts. Ever since viruses have been observed at all, their variations of type and season; their irregular development in different constitutions; their failure to develop at all in others; their general indisposition to develop in the same soil again, have been observed and noted with wonder. In the same epidemic also, the cases at the height of the epidemic are more violent than at its decline, just as the last of any crop are the poorest always. The single remarkable fact, that it is their rule to occur but once in the same system, would by itself make us suspect that we were dealing with nothing simply physical or chemical; for it is inconceivable why such will not always act, just as arsenic will inevitably act at any time and anywhere, in July and December, in Calcutta or London. But in *growths*, analogies with these peculiarities are frequent enough, for the exhaustion of some one ingredient which the most careful chemistry often cannot discover, suffices often to prevent a reproduction of the same seed in the same soil where it had grown before. The forms of vegetable life are often limited to certain climates, hemispheres, countries, and small localities; and similarly certain virous diseases are like the plague, which never crossed the meridian from the Persian Gulf to the Caspian Sea on the east, or the longitude of Tangier on the west. Others again are found only in Arabia, or Poland, or India, or even in certain towns only, as the strange ulcer of Aleppo, which we have ourselves witnessed.

The question then arises, if we admit the relationship of viruses to the living organic kingdom, under what division of that kingdom should they be classed? Do we find any great family of organisms to whom we can ascribe such undesirable connexions as the tribe of viruses? We think there is one, and only one, but it is one that answers all our requirements, for its spread is so universal, multiform, and diffusive, that we would a priori have looked for some one of its myriad subdivisions as given to entering animal bodies and then multiplying at such a rate, as to cause the most serious complications. Let a drop of pure distilled water be but preserved long enough from evaporation in any part of the world, where it will not freeze, and in a very few hours it will be filled with all manner of shapes and forms of a vegetable life, all of whose infinite varieties have been lumped together as fungoid growths. When the microscope first revealed this new world, it seemed as if it could be accounted for only by spontaneous generation; but no respectable authority maintains that hypothesis now, although the contrary obliges us to believe that we must inspire untold millions of living germs with every breath we take, and swallow corresponding growths with every drink. Then to calculate how many of the *seeds* of these things there must be in a single inspiration, if those that develop are in the same proportion to those that do not, as in other vegetable forms, would require a line of figures as amusingly incomprehensible as the miles of astronomy. But we are not left to conjecture, that some of these forms may be the causes of the destruction of other living forms. Repeatedly do epidemics of fungoid growths suddenly overrun countries and continents, generally from the East, to the great damage of mankind in all their valued crops. Mildew and rust, the great potatoe disease, and latterly, the vine oidium, of a few years since, which not only desolated the vineyards of Asia and Europe, but without appearing to develop in them to the naked eye or microscope, yet caused nearly every form of fruit to be sickly and dwindling, are proofs enough that new species of fungoid growths can arise to the destruction of other forms of life. But we have proofs besides of *animal* organisms being destroyed by the development of fungoids which we can see for ourselves sometimes, and sometimes with the microscope. The price of silk is as often affected by the appearance of a fungous epidemic in the growing silkworm as is that of flour by a fungus in the growing wheat stalk. The common housefly frequently gives up the ghost for the same reason, and can be seen turned into a bed of beautiful fungoids. Now, it is a suggestive fact, to answer an objection liable to arise, that the microscope has failed to reveal fungi, any more than animalcula in virous diseases, that the initial stages of these very fungoid diseases of plants and animals which become *finally* palpable, are wholly invisible. The sporules of some huge mushrooms even, have never been discovered. Now, considering how infinitely varied are the forms of these low vegetable organisms, does not analogy favor the hypothesis that there are fungoid growths, finding their conditions of development in animal bodies, which are invisible in *all* their stages, just as all but the *concluding* stages are invisible in many fungi that are causes of disease to other organisms? A vast number of these fungoid growths are developed in fluids, in the various processes of fermentation, but which all have a hidden period of "incubation" in these fluids, during which, unseen, they are causing the greatest chemical changes in them, until finally the cryptogamous plant reappears, multiplied thirty fold, and with each of its million sporules endowed with the capacity of working the same changes in the next similar fluid into which it may fall.

Another peculiarity in these low forms of vegetable life, is a remarkable facility of altering their forms and characters (and therefore the effects which they may produce), from difference in their soil and habitat. Thus no one, before Mr. Lowe demonstrated it by actual experiment, would have suspected that the Achorion Schönleini of the favus disease was the same product with the totally different looking aspergillus glaucus of yeast. But Mr. Lowe transplanted the former from a scald head to a piece of dough, and it went through its stages of growth with greatly accelerated rapidity over its progress on the scalp, and finally turned out a true torula cervisa. Now, this affords a very interesting analogy to a remarkable fact in the great type of virous diseases, which fact by itself should suffice to make us suspect we were dealing with an agent entirely distinct from a poison. The rank and deadly variola transferred from the human system, where it develops with disastrous energy of growth, to the system of a cow, becomes transformed by its new soil into the mild and trivial vaccinia, which runs a much shorter and less tumultuous course. But though its new habitat has altered many of its most prominent features, it still retains its identity with variola, as it leaves the same specific life impress upon the system.

But this capacity for change of form and properties, by changes of the condition of growth in fungoids, offers us a very plausible explanation of a great fact in viruses, which no other theory even attempts to explain. The lower the vegetable forms, the greater the facility of generating *new species*, by bringing together old forms under new conditions. But this principle obtains even in the higher orders of plants, and horticulturists, by taking advantage of it, are continually bringing forward new varieties of flowers and fruits. Now, it seems almost certain that through the continual working of this principle, new forms of fungoid growths are coming into existence all the time, some to be permanent perhaps, but the vast majority to soon give place to others. Some of these new forms may have capacities for multiplying in directions, where the original ones could not grow at all—a familiar fact in higher vegetable forms than fungoids. Now, hardly any one doubts that this is the true explanation of the origin and prevalence of all the *vegetable* epidemics of history. The potato disease did not begin till a certain date and in a certain quarter, and then it coursed in every direction where it could find potatoes. Did any philosopher arise to demonstrate that this new disease was begotten by the action of the rain and sun upon the manure of potato fields? The answer, which he could not answer, would have been, why then did not the Irish famine occur in 1827 instead of 1847? So we may ask, if Typhoid Fever is generated by dirt, why did it not prevail in Constantinople before the French soldiers came to the Crimean war? Why does it not prevail in Damascus now—for it does not to our personal knowledge—and yet, would that a great Sanitarian could be sent to investigate the dirt of those cities, venerable piles as ancient as those of the Pharaohs.

We will say, in conclusion, that it has appeared to us that one reason that the cause of virous diseases has not been sooner discovered is, that with all theorists they seem to be regarded as exclusively *blood* diseases, while to us it seems as if the blood was on the whole the freest from them of any part of the system. Analogy with fungoid growths would lead us to fix upon the *tissues*, especially the outer ones, as the seat of their development, and so we find the great majority of them develop in the epithelial structures, the skin, and mucous membranes. The fact also that the lymphatic system, which takes its rise in the tissues, is almost always first affected, points in the same direction; and on this account, not to mention others, we cannot accept Liebig's theory that they are owing to a blood fermentation.

We have no opportunity, from having already drawn so largely on the time of the society, to more than indicate the important bearing that our views of the pathology of virous diseases must have on our treatment; for if the morbid conditions of these diseases are the results of an animal *poison*, we should treat them so, by antidotes if possible, but as that can rarely be the case, by promoting their elimination by evacuants or eliminatives. On the other hand, if they are the results of a process of *growth*, we have a wide field yet to investigate whether we cannot beneficially modify these growths, as in vaccinia, or when they come out on the surface about them, as variola pustules with nitrate of silver, or else dwindle their growth by charging the system, if practicable, with agents whose presence we know to be unfavorable to fungoid life, as mercury, muriatic acid, chlorine, creasote, or the sesquicarbonate of ammonia. Oils, in great contrast with sugars, are very unfavorable to fungi, and we have questioned whether the comparative freedom of the ancients from these diseases may not have been owing to the ancient practice of daily inunctions. Certainly in many of the eruptive virous diseases, daily inunctions are very beneficial. At least, if they are growths, we can soon learn their stages of growth, and therefore watch the times of the greatest danger, or the most likely conditions to favor complications.

78 W. 47th st.

REPORTS ON
SOME RECENT IMPROVEMENTS IN MATERIA MEDICA AND THERAPEUTICS.

By EDWARD H. JANES, M.D.,

OF NEW YORK.

VI.

ANILINE.

As this artificial alkaloid has recently been brought to the notice of the profession as a remedy of some merit in the treatment of chorea, a brief account of its history and properties, together with its physiological and therapeutical action, may not be altogether uninteresting to the readers of the Medical Times.

Aniline was discovered by Unverdorben in the year 1826, among the products of the dry distillation of indigo, and hence its name derived from the specific name of the indigo-plant (*Indigofera anil*). In 1837 Runge first announced the existence of three volatile bases in coal tar, which he named kyanol, leukol, and pyrrhol. Kyanol was afterwards demonstrated by Hoffman to be identical with aniline, and its extraction from the liquids that distil at a high temperature from coal tar has since been a fruitful source of its supply for industrial purposes. From these oils distilling at 150° to 250° C. aniline is obtained in the greatest quantity. The process, however, is an exceedingly complicated one, and those who are curious for information on the subject are referred to the *American Journal of Pharmacy*, March, 1861, or to the *London Chem. News*, Sept. and Oct. 1860. A more simple method, and one by which large quantities of aniline may be obtained, is its artificial preparation by the reduction of nitro-benzole. This is done by the action of sulphide of ammonium on the alcoholic solution of nitro-benzole, or by the action of nascent hydrogen, acetate of iron, or a hot alkaline solution of arsenious acid. The latter method (Wöhler's) has the advantage of the others for brevity, and is as follows: a solution of arsenious acid in a strong ley of caustic soda is placed in a tubulated retort, heated to the boiling point, and the nitro-benzole dropped in, and is at once transformed into aniline which distils over, and by saturating it with an alcoholic solution of oxalic acid pure oxalate of aniline is obtained. When pure, aniline is a colorless, oily liquid, astringent, has an aromatic odor, and an acrid burning taste. It is slightly soluble in water, and very soluble in alcohol and ether. It boils at 360° F. and does not freeze at —4°. It forms salts with acids. It decomposes the salts of iron, zinc, and alumina, precipitating the oxides. It precipitates the chlorides of mercury, platinum, gold, and palladium.

The physiological action of aniline has been the subject of experiment by Dr. Schuchardt, from which we learn that frogs introduced into a weak solution containing aniline, died in periods varying from a quarter of an hour to two hours and a half, and death was caused by introducing aniline into the mouth, or into a wound in the back. A small rabbit was killed by fifty drops in six hours and a quarter, and one hundred drops killed a large one in four hours. All of the cases were attended with violent clonic and tonic spasms, a loss of sensibility, commencing at the lower extremities and extending to the upper, and a reduction of the temperature of the body. It is not detected in the urine, but is probably eliminated from the body by the organs of respiration. A case of poisoning is published in the *Med. Times and Gazette* by Samuel Knaggs, Esq., caused by the man's breaking a carboy filled with aniline, spilling the contents over him and on the ground. None got into his mouth, but the fumes were freely inhaled as he spent some time in endeavoring to remove all traces of the accident. Mr. K. was called in the evening, and thus describes the case: "On entering his cottage I found him in bed, apparently at the last gasp. His face and whole body was of a livid, leaden hue; the lips, gums, tongue, and eyes of a corpse-like bluish pallor; he was taking a gasping breath, as I thought, for about the last time. I poured instantly two ounces of brandy down his throat, and then used cold affusion liberally with very good effect. After this I had his chest, legs, and arms covered with mustard plasters, and for three hours he took half an ounce of brandy every quarter of an hour, and at the seventh minute a strong dose of ammonia and chloric ether, whilst with every third or fourth inspiration I made him inhale strong ammonia." This plan was pursued throughout the night with little variation, and by morning his livid hue was fading and he was soon well. In this case there was no convulsion, he was perfectly sensible, and able to give a correct account of his feelings.

The sulphate is the form in which aniline has hitherto been prescribed, and may be prepared by several processes. Mr. Proctor recommended the following: Take of aniline 500 grains, sulphuric acid 250 grains, distilled water four fluid ounces. Mix the acid with the water, add the aniline, and agitate them together until a thick magma is formed and the odor of aniline has nearly disappeared. This is now washed with strong alcohol until the free acid and coloring matter are removed; then, having pressed the drained salt between the folds of white filtering paper, it is dried in the dark. If wanted in crystals the white pulverulent sulphate thus obtained is dissolved in boiling alcohol, which is allowed to cool slowly in a covered vessel in a dark place; the crystals, when formed, should be drained on filtering paper and dried in the dark. It may also be made by dissolving the aniline in two fluid ounces of alcohol 95 per cent., then having mixed the sulphuric acid slowly with two fluid ounces of the same liquid, when cool add it to the solution of aniline. The sulphate thus formed is washed with cold, strong alcohol, pressed in bibulous paper, and dried in the dark.

Sulphate of aniline is described, when pure, as an odorless, colorless, crystalline salt, changing color and yielding the odor of aniline if exposed to light and air, and decomposed at a temperature above 212° F. Water at 60° dissolves about six per cent. of its weight.

Dr. James Turnbull, of Liverpool, published in the *Lancet* of Nov. 16, 1861, some account of his experience in the treatment of chorea with the sulphate of aniline. He was led to make trial of it from the fact of its being an alkaloid, from which he inferred that it would act energetically on the animal economy, and probably on the nervous system; and also from the fact of its being present in Dippel's animal oil—an old antispasmodic remedy, which Pereira says is undoubtedly a very powerful agent, having been used in hysteria and other affections of the nervous system accompanied with convulsive movements. Dr. Turnbull proceeds to relate six cases of chorea in which he had used this alkaloid successfully; the first of which is as follows:

"Ann P——, a girl aged thirteen, was admitted into Liverpool Royal Infirmary under my care on the 7th of June, 1860, on account of the most involuntary twitching movements which characterize St. Vitus's dance and which affected all the limbs. She had been ill for three months. She was first treated with purgatives, and then successively with iodide of iron, cod-liver oil, the shower bath, which is often of great service, and, lastly, with sulphate of zinc. None of these remedies, however, appeared to be of any use. On the contrary she got worse, and the violence of the convulsive movements became so great that she was confined to her bed, in which it was a difficult matter to fasten her. She also lost the control of the muscles of the tongue so completely that she was unable to speak. On the 6th of August, two months after admission, and five from the commencement of her illness, the movements had become so constant, tossing her about in all directions, that they threatened to exhaust the vital powers, as sometimes happens in this singular disease; and I thought the case, therefore, a fit one, after having used the ordinary means, to make trial of a new remedy. One grain of the sulphate of aniline was ordered to be taken in solution, with a little sulphuric acid, three times a day. In three days there was a decided diminution in the violence of the movements, and afterwards a gradual improvement. The dose was increased to two grains, and it then caused some depression and a peculiar blueness of the lips, which I have since remarked in several other cases. The medicine was omitted for two days and resumed in the smaller dose. On the 30th of August she had so far recovered that she could walk well. She had also regained the control of the muscles of the tongue, so that she could put it out, and she had recovered her power of speech. On the 10th of September she had entire control of her limbs. They were almost perfectly still, and she was considered cured."

The second case was that of a young woman aged eighteen, who had not menstruated for twelve months, was constipated, and all of the limbs were more or less affected with convulsive movements. The bowels were first opened with compound jalap powder and calomel followed with sulphate of aniline, one grain three times a day, afterwards increased to one grain and a half. She recovered rapidly, and afterwards the catamenia were regulated with decoction of aloes and steel mixture.

The third was a girl of seventeen, in whom the disease was brought on by a fright. The same treatment was pursued as in the other cases, which resulted in a cure in about fourteen days.

The fourth was a stout girl aged eleven, with twitching movements of nearly all the voluntary muscles, to whom the sulphate of aniline was given in doses of one grain and a half three times a day. For the first eight days there was no relief afforded, when a purgative was ordered, and the following day a double dose of aniline administered by mistake gave to the lips, face, and hands a deeper blue color than he had observed in any other case. There was a diminution in the movements, and she continued gradually to improve.

The sixth case is interesting as illustrating the connexion between chorea and rheumatism. The patient had previously suffered from a severe attack of rheumatic fever, and when admitted to the infirmary she had convulsive movements and partial loss of power of the lower limbs with inability to speak. After a purgative of compound jalap powder and calomel, one grain and a half of sulphate of aniline was ordered three times a day, when the involuntary movements began to subside. Her general health was improved by good diet and porter, and the remnant of her rheumatism was afterwards treated with quinine and iron. She got quite well. In all cases where a sufficient dose had been taken a peculiar blueness of the lips, tongue, and nails, and a dusky appearance of the countenance were observed. In one case where an overdose of three or four grains was taken the blueness of the hands extended above the wrists. This fact may prove of interest in serving as a guide to the proper extent of administering the remedy. The discoloration here noticed, unlike that produced by the administration of nitrate of silver, disappears soon after the medicine is discontinued, and is supposed to be due to the sulphate of aniline being oxidized in the blood and producing a blue dye, and is best seen in parts provided with a thin mucous covering, as lips, tongue, etc. The success attending its employment in the treatment of chorea has suggested to some its use in other nervous affections, as epilepsy, spasmodic asthma, catalepsy, etc., all of which present a good field for investigation, and one in which the remedy would seem worthy of a trial.

Reports of Hospitals.

NEW YORK HOSPITAL.

I. DISLOCATION OF ASTRAGALUS OUTWARDS, WITH FRACTURE OF THE EXTERNAL MALLEOLUS.—II. URINARY CALCULI REMOVED THROUGH AN ENLARGED URETHRA.—III. AMPUTATION OF ARM FOR INCISED WOUND OF WRIST.—IV. GUNSHOT WOUND OF THIGH; AMPUTATION.—V. STRANGULATED UMBILICAL HERNIA; OPERATION.

[Reported by F. D. Sturges, M.D., House Surgeon.]

I.—*Dislocation of Astragalus outwards, with Fracture of the External Malleolus.*—E. H. Lord, æt. 25, a native of N. Y., a salesman by occupation, was admitted during the service of Dr. Halsted on the 7th of September. The patient, just previous to admission, received an injury of the right ankle by jumping from a car while it was moving at a pace hardly as fast as a person would naturally walk: the platform from which he alighted was not more than three feet from the ground.

On examination, nine hours after the accident, the right foot was found adducted on the leg almost to the degree seen in varus, the sole of the foot looking somewhat inwards and its inner edge upwards. The fibula could be traced near its extremity, where it terminated in an abrupt sharp edge, from which it would appear that the summit of the bone had been torn off. Anterior to the malleolus the head of the astragalus was felt prominent, with the skin tightly stretched over it. The tibia could be traced down to the inner malleolus, where the bone was so deeply buried as not to be distinguished throughout its whole extent. An abrupt bony edge was felt immediately below it anteriorly, which corresponds to the posterior edge of the navicular bone. Posterior to this, and separated from it by a depression, was another bony spur, which corresponded to the process of the os calcis. There was considerable swelling present. Under the influence of ether the motion of the foot and leg laterally was quite free; no crepitus could be felt in the examination. Between the posterior edge of the internal malleolus and the tendo-Achillis, the thumb could be pressed into a deep depression.

Reduction.—While extension was made by seizing the foot above the heel and over the instep, and counter-extension kept up above the ankle, Dr. Halsted, with thumbs applied over the head of the astragalus, passed it back and into its place. The parts then resumed their natural relations. The inner malleolus was found entire, while the separated extremity of the outer malleolus could be distinctly felt and moved about under the thumb and fingers. The limb was put up in lateral profile splints, and an evaporating lotion applied.

II.—*Urinary Calculi removed through an enlarged Urethra.*—Kate Connor, æt. 50, a native of Ireland, stated that ten years ago she began to suffer from attacks of pain, which, starting from the left side, extended to the bottom of the pelvic region, being most intense in the bladder. About three years ago, and during one of these attacks, while seated in a warm hip-bath for its relief, a calculus, as large as a small butternut, escaped from the bladder. For some time previous to this occurrence she had had a great deal of pain following micturition, the desire for passing her water being almost constant. Not unfrequently, while in the performance of this act, the stream would be suddenly stopped. From the time of passing this stone the pain in the pelvis and bladder were very much relieved, until last June, when they again appeared, and continued to distress and annoy her up to the time of admission about two months after. On the 6th of August Dr. Halsted introduced a female sound, and found that the cystic extremity of the urethra was nearly if not quite occluded by a hard and rough substance. A diagnosis of urinary calculi was made, and a consultation was called with a view to decide upon an operation. The surgeons agreed to the utility of such a procedure, and the necessary preparations were made. Previous, however, to commencing the operation, Dr. Halsted, having satisfied himself as to the unusual capacity of the urethra, resolved to attempt the removal of the bodies, if possible, without recourse to incision. He accordingly passed up a stone forceps through the urethra into the bladder, and removed without difficulty six large calculi, varying in size from a small chestnut to a small butternut. The patient, with the exception of a slight attack of diarrhœa and incontinence, which, however, lasted only a few days, recovered rapidly, and was discharged cured on the 1st of September.

III.—*Amputation of Arm for Incised Wound of Wrist.*—Timothy Moore, æt. 25, engineer, was admitted July 9th, in the service of Dr. Parker, having a short time previously received an injury by falling down a gangway, and striking his hand on the edge of a drawing knife. The wound thus inflicted was three inches long, commencing in the palm of the right hand, and extending into the wrist to the depth of an inch or more; there was considerable venous hæmorrhage. The wound was closed by sutures, and cold water was applied. The parts having swelled considerably, the sutures were removed on the 11th inst. On the 18th erysipelatous inflammation of the tissue of the forearm and lower portion of the arm began to show itself. On the 21st a large abscess formed in the cellular tissue of the forearm, and was opened, discharging a large amount of pus. The discharge continued gradually to increase, so that by the 6th of September the patient became so much exhausted that amputation was advised. This measure, however, the father would not consent to until the 8th. The operation was performed by Dr. Halsted at the junction of the middle and upper thirds of the arm by the circular method. The wound was closed by sutures, and cold water dressings were applied. The patient reacted well, and for a day or two promised to recover. On the night of the third day, however, colliquative sweats began to show themselves, and continued at longer or shorter intervals until he died on the 16th inst. exhausted.

IV.—*Gunshot Wound of Thigh, Compound Fracture of Femur; Amputation of Thigh.*—Alpheus Peaslee, æt. 23, Maine, private Co. I, 22d Mass. Vols., was admitted July 22, 1862 (Dr. Parker). Patient was wounded at Gaines Mills, June 27th, by a musket ball which passed through the left leg. On examination the ball was found to have entered the thigh in front, at the junction of middle with lower third, and passed out in the same region posteriorly. In its course it had produced a comminuted fracture of the lower portion of the os femoris. There was considerable discharge from the posterior opening of a somewhat unhealthy character.

Treatment.—Extension was applied by means of a weight and pulley. The limb was brought in a good position. Owing to excoriations, which showed themselves July 27th, along outside of leg, the extension was discontinued. General condition of patient much improved since admission. Discharge more healthy. About the 1st of Aug. the patient began to lose ground; there was considerable burrowing about the fracture, and the discharge, besides being increased, was sero-purulent. Nourishing diet and quinine were ordered; stimulus ad libitum. He continued to grow worse, and on the 10th of August was very much debilitated from the alarming amount of fetid discharge from the wounds. Aug. 13.—Patient more feeble, pulse 118 and compressible; vomits occasionally. Ordered injections of beef-tea, quinine, and brandy every six hours. On the 14th, a consultation being held, it was agreed to remove the limb, patient's condition being better than the day before. He was accordingly etherized and removed to theatre. Dr. Halsted performed the operation, removing the limb at a point about two inches above the junction of the middle and upper thirds. The tissues were found in a very unhealthy condition. There was a rather large amount of hæmorrhage (arterial and venous), despite the tourniquet and the manual means of compression. The pulses at the wrist ceased several times during the operation. Fifteen minutes after the operation, pulse 150 and scarcely perceptible, reacts very slowly. Ordered enemata of beef-tea and quinine every half hour, and brandy, amm. carbonas, and champagne pro re nata. Aug. 15th.—Patient gradually sank, and at half past two o'clock in the morning died.

V.—*Strangulated Umbilical Hernia.*—Edward Buckinthal, æt. 48, Germany, saloon keeper, admitted August 26, 1862 (Dr. Halsted), stated that for ten years past he had been liable to umbilical hernia. The protrusion had frequently taken place, and until the present time has always been readily reduced. He had since its first appearance habitually worn a truss. Patient further states that on the afternoon of August 24th, while driving a spirited team of horses, the hernia suddenly made its appearance, and that as soon as he arrived home he used taxis as he had on former occasions, but was unable to reduce it. Professional aid was not procured until the morning of Aug. 26th, when taxis, under chloroform, was persevered in at one trial for an hour without effect. At 7 o'clock P.M., Aug. 26th, he was brought to this institution. On examination the tumor, which was of the size of a large orange, appeared to be an entero-epiplocele. No further efforts were made at reduction. He suffered considerably from pain and dyspnœa. The attending surgeons having arrived at 11 o'clock the same night, patient was etherized, and Dr. Halsted proceeded to operate. A longitudinal incision, four inches in length, was made over the pendent portion of the tumor, and on exploring the parts with the finger the aperture in the linea alba was found to be about three-quarters of an inch from the umbilicus, above and to the right of it. The contents of the tumor confirmed the diagnosis as to its character. The incarcerated parts were highly congested, though there were no appearances of mortification. The opening was extended a little at both ends, and the hernia readily reduced—edges of wound brought together, and deep sutures introduced, pads, straps, and body bandage applied. Aug. 27th.—Two hours afterwards, 1 A.M., reaction having taken place, the pulse becoming very rapid and full, the respiration hurried and difficult, a free opening was made in the external cephalic vein, which bled, however, only about five ounces. Another opening was then made in a superficial vein on dorsum of arm, from which about five ounces more were drawn. Opium, gr. ij., were then administered, and opium, gr. j., every two hours, ordered. At 10 A.M., patient not appearing much better under its influence, opium, gr. j., every hour, was ordered. At 3 P.M., patient having come considerably under its influence, opium, gr. j., every three hours, was ordered. Respiration, 19; pulse, 85. At 10 P.M., patient is not so well, complains of abdominal pain; countenance anxious; respiration 33, and very labored; pulse, 116; ordered, opium, gr. j., every hour and a half, sinapism to chest, and cold applications to head. Aug. 28th.—8 A.M., patient rapidly sinking; pulse 120; respiration, 33; extreme dyspnœa; still conscious; continue treatment. At 10 o'clock this morning patient died.

Post Mortem, held twenty-four hours after death, reveals acute peritonitis, with disorganization of the strangulated portion of omentum.

Progress of Medical Science.

PREPARED BY DR. P. F. C. DESLANDES.

THE DIAGNOSIS AND TREATMENT OF HYDATIDS OF THE LUNGS AND THE PLEURA IN CHILDREN.

(*Continued from* p. 147.)

IN the second case, the character of the expectoration leaves one doubt as to the nature of the disease. Its long duration, and some of the functional symptoms, might have led us to believe in the presence of tubercular degeneration, or that the physical signs, localized at the lower part of the chest, denoted chronic pleurisy, with effusion. But as it has been said above, the matter expectorated, apart from the march of the symptoms furnished us, had a pathognomonic character; without carrying further a difficult investigation, we could ascertain, beyond doubt, the existence of a hydatid cyst of the thoracic cavity, a large bag which had long been emptying itself through the bronchial tubes. But what was exactly the seat of that bag, and what its origin? Was it an hydatid of the liver (the hepatic gland is, of all the viscera, the one in which these cysts are most frequently developed)—was it, I say, an hydatid cyst primarily formed in the liver, developed on its convex surface, and which, in its further increase, driving back the diaphragm and the lungs, had at last separated the muscular fibres, and penetrated the cavity of the thorax; and making its way through the pleuræ and pulmonary tissue, had reached the bronchi, where it had poured its contents, brought out afterwards by expectoration? The absence of symptoms from the liver, of disturbance of the digestive organs of the uterus; the normal volume of that organ as ascertained by percussion, and the palpitation, made me give up this idea.

Was the pleura the primary seat of this hydatid? It has been admitted, it is true, that there are cases where the bag has first formed in the pleural cavity and remained there, only pushing back the lung without invading the parenchyma. Perhaps it was so in the case of our little patient during the first period of the disease, when the concomitant physical signs had led to diagnosticate a pleurisy. However, hydatids are rarely primarily formed in the pleura; and although several cases which seem authentic have been reported, and amongst others, the first of Mr. Davaine, we are disposed to admit with that physician, that, in these cases, the mention of a cyst (and this mention is almost always made) authorizes us to doubt the formation of hydatids in the pleural cavity itself. Analogy would even lead us to think that, in the cases in question, the first origin of the acephalocystic tumor must be looked for in the extra-pleural cellular tissue, when the morbid product has not been formed in the pulmonary parenchymæ. But to determine this precise point of origin, we would require detailed cases with the opportunity of following the anatomical changes in their successive evolution, and these cases are wanting; moreover, the distinction is difficult even at the post mortem, when the tissue of the thoracic walls, the pleuræ, and the lungs, are adhering, and are confounded by the progress of the acephalocyst.

Let us add that the great frequency of hydatid cysts in the right lung and at the base of that organ, must lead us to think that intra or extra-pulmonary cysts arise often from the liver; this was as early as 1829 the opinion of Mr. Cruveilhier, who wrote in his remarkable article on acephalocysts:—"I am convinced that a large number of expectorated acephalocysts, of which there are many examples in authors, came from the liver." But here again the lacunæ in the anatomo-pathological description of the majority of cases, forbid us to decide if an hydatid bag referred to the pleura, because it has attained in this serous cavity its greatest development, and is not in reality a migrating cyst.

Had the hydatids, on the contrary, been formed in the pulmonary parenchymæ? Whatever may have been the starting-point, was there, at the time I made the examination, an extra-pulmonary hydatic bag, with driving back of the parenchyma, and formation of a pulmonary fistula through which the helminths had passed to reach the bronchi, or else was the cyst contained in the parenchyma itself, and had a development itself there; was it *intra-pulmonary?* I could not affirm to either of these two suppositions! However, the absence of stethoscopical phenomena, which I should have perceived at the time of the evacuation of the hydatids through the bronchi, the absence of the signs of which indicates the presence of a cavity in the lungs, which should have been present, since for months the patient has been expectorating remains of hydatic vesicles, made me inclined to diagnosticate an *extra-pulmonary hydatid.* We knew, indeed, that when hydatids of the thoracic cavity, situated outside of the parenchyma, driving the lungs before them, destroy it at last, and make their way to the bronchial tubes, adhesions are previously formed, and a fistula more or less oblique takes place. The obliquity and the narrowness of the fistulæ break, prevent the access of air in the hydatic bag after the evacuation of the hydatids, and consequently no stethoscopic phenomena are manifested, which may reveal the presence of the fistula, and of the cavity in which it opens.

The very large number of hydatic vesicles which were thrown up during the course of the disease; the distinct periods at which true *hydatic vomicæ* occurred, the stationary condition, and even the increase in volume of the humor in the ultimate period, notwithstanding those almost incessant evacuations, are so many circumstances, which would lead me to suppose that the intra-thoracic cyst was not unilocular; or at least that it was multilocular, and that the diverse critical periods observed during the course of the case corresponded to the successive rupture of several different vesicles (independently of the variable secretion of the liquid). This is a peculiarity to which enough attention, perhaps, has not been paid, and which deserves to be taken into consideration in view of the prognosis, and of the therapeutic indications, as is done for other varieties of cysts, and particularly for cysts of the ovaries.

If we wished to treat the interesting questions arising from our five cases, we would have to discuss the clinical appearances mentioned; to show, for example, that this *hydatic pulmonary phthisis*, so like tubercular consumption, that, in the case of our five patients, it was mistaken for it by two practitioners of the greatest merit, presents, however, in some cases, a peculiar character which might strike the *attentive physician.*

If we have an intra or extra-pulmonary hydatid tumor, having no communication with the bronchi, the physical signs will at first lead us to suppose the existence either of a solid tumor of the lung or of a pleural effusion. But a more precise examination, the study of the commemorative signs, the consideration of the age of the subject, etc., will enable us, in some cases, to collect the elements of a differential diagnosis, the principal features of which have been indicated by M. Vigla. But after this elimination, the difficulty will only be put off; for we shall then have to establish whether the collection of liquid recognised be an hydatid cyst, or one of the diverse varieties of chronic effusions of the chest.

This will always be a problem, and so much more difficult to solve, that the two affections may be found united, or at least the hydatic bag containing sometimes enough liquid to be considered as a true effusion. However, if we carefully follow the steps of M. Vigla, it will sometimes be possible for us, taking into account the character of the dyspnœa, whose march is slow and progressive; of the extensive and persistent pain, of the peculiar and anormal kind of dulness corresponding to the tumor, of a certain irregularity in the development of the latter, and consequently of the unequal dilatation of the affected side; taking also into account the frequent absence of some stethoscopic figures, such as ægophony and bronchial respiration, and also the mode of its first appearance, some peculiarities of its ulterior evolution, etc.; it will be possible, I say, to form, in some cases, an almost certain diagnosis. Let us add lastly, that the existence of a collection of liquid into the thoracic cavity, whatever may be its more precise seat, being admitted and well established, there will generally no longer be any contra-indication to make an exploring puncture which would definitively settle the question.

In cases where an intra-thoracic hydatid has opened in the bronchi, and where there remains a bronchial fistula communicating with a lesser or larger cyst, there exists in reality a cavity in communication with the external air—since cough and vomiting expel the contents of the tumor. We should be able, then, to perceive the stethoscopic phenomena which reveal the cavities, and this would be a new difficulty if the nature of the expectoration did not indicate immediately and more positively the nature of this cavity.

"I think," says Laennec, speaking of cysts of the liver opening in the bronchi, "that in this case all the phenomena of pulmonary cavities, I mean the cavernous râle, cavernous respiration and cough, and even the transmission of the voice through the tube of the stethoscope, might manifest themselves in the region of the liver." Laennec had only had once the opportunity of verifying the correctness of this rational diagnosis, which he applied beforehand to all the coughs communicating with the air-passages: Dr. Beaugendre, of Aquimperté, had shown him, in 1821, a lady convalescent of an affection of the chest during which she had expectorated a large number of acephalocysts. There was still some cavernous rhonchus to be heard in the part occupied by the cyst.

As to the stethoscopic phenomena which should be perceived after the expulsion of the hydatids, M. Davaine simply says: "You shall probably hear the bruits proper to the entrance of air into a cavity, or those of pneumothorax, when the cyst shall communicate with the bronchi;" and it is remarkable that in all his rich collection of facts we find but one single case in which some physical signs analogous to those met with in pulmonary cavities are mentioned, and this case is that of Beaugendre and Laennec.

In my own cases the stethoscopic symptoms expected were wanting. In one they were completely absent, and after, as before, the opening of the hydatic bag in the bronchi, auscultation revealed only the decrease or the abolition of the vesicular murmur belonging to chronic pleurisy. In the other the humid rhonchus heard on a level with the large right bronchus during the evacuation of the worms, had nothing characteristic, and was not accompanied by any of the ordinary symptoms of cavities; the absence of the vesicular murmur continued to be the prominent symptom.

It follows from the fact we have just laid out, that, in cases of expectorated hydatids, auscultation sometimes reveals the habitual symptoms of pulmonary cavities, and thus marks out the spot where the rupture of the cyst and the communication with the bronchi has taken place; sometimes, on the contrary, it only gives negative results.

From the absence of the bruits which indicate the presence of a cysto-bronchial fistula, could we not presume that we had here, not an hydatid of the lung, but an extra-pulmonary cyst, either primarily formed in the thoracic cavity, or come from the liver, the fistula being in these cases, and particularly in the latter, narrower, longer, more sinuous, more easily closed, and consequently in conditions less favorable to the production of new acoustic phenomena?

(To be Continued.)

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

DR. T. C. FINNELL, PRESIDENT, IN THE CHAIR.

STATED MEETING, June 11, 1862.

(Reported by FRANCIS V. WHITE, M.D., Secretary *pro tem.*)

PNEUMONIA AND PLEURISY.

DR. J. LEWIS SMITH presented the lungs of a child, aged 13 months. Wet-nursed. Health previously good. Thin spare habit. Three weeks previous to death, he had convulsions, lasting from 8 A.M. to 5 P.M. with slight intermissions, when they ceased. The symptoms of severe inflammation occurred. Respiration hurried and labored. Cough short and frequent. Pulse accelerated. The usual treatment was adopted. He became more and more prostrated and emaciated, and finally died of exhaustion. During a considerable part of his sickness, his pain was more acute than ordinary in inflammatory diseases of the lungs. He had no convulsions after the first day, but during the last two or three days of his life he rolled his head. He retained consciousness and sight to the last.

Post-mortem.—The contents of the cranium were found normal, with the exception of two or three points of fibrinous deposit, and a moderate opacity of the membranes at the outer portion of the fissure of Silvius on both sides. The left lung was healthy, with the exception of hepatization of posterior portion of its lower lobe, extending about half an inch into the organ. On the right side, the outer surface of the lung, with the exception of a narrow strip along the anterior border, was adherent to the ribs. Soft fibrous deposit of a quarter inch in thickness. No pleurisy at the base of the lung, nor upon the surface adjoining the mediastinum. The pleuritic effusion under the microscope consisted entirely of fibrine, no pus cells being seen. There was the appearance of pus. Under the large part of this exudation was healthy, and there was but a moderate amount of hepatization in the posterior part of the lung. The hepatized portions under the microscope disclosed numerous oil globules. Mucous membrane of the bronchial tubes was moderately inflamed. Abdominal organs healthy. *Points of interest*—The extensive amount of the pleuritic effusion. Whether the pleurisy in the case should be considered primary? The pleurisy being in excess, rendering it probable.

REMOVAL OF FATTY TUMOR.

DR. POST presented a fatty tumor, removed from the acromial region of a female, aged 38 years. Its enucleation was not as readily accomplished as is usual, on account of the depth of its interlobular spaces, and the toughness of the areolar tissue. It was of eight years' growth. There was nothing further of note in the case, except that she was mother of an infant of two months, and also would not avail herself of anæsthesia in the operation. There was not much hæmorrhage.

SIMPLE HYPERTROPHY OF THE HEART.

Dr. Austin Flint presented a specimen of simple hypertrophy of the heart, for which he stated his indebtedness to Dr. Dudley of Brooklyn. The history of the case as obtained from Dr. Dudley was as follows :—A young man aged 23 years, having always had good health, left his home in Brooklyn directly after breakfast, to walk to the ferry on his way to his place of business in New York. He was observed to stagger and fall, and died before he could be removed to a a station-house near at hand.

The post-mortem examination was made by Dr. Gilfillan of Brooklyn, eight hours after death. The face was turgid and livid, blood oozed from the nostrils and both ears. The incision through the scalp and the removal of the calvaria occasioned profuse bleeding. The vessels of the superficies of the brain were excessively engorged. No extravasation of blood, no abnormal accumulation of liquid in the cavities. The brain substance was everywhere firm and not abnormally vascular. The lungs were healthy. The abdominal viscera were considerably congested ; otherwise healthy. The kidneys were of the normal size and presented a healthy appearance. The heart is a fine specimen of simple hypertrophy. Its weight is 15¼ oz. The left ventricle at the base measured by Dr. Gilfillan was found to be 1⅜ inches in thickness, and at the apex ⅞ inches. The right ventricle measured ⅜ inches. The cavities were not increased in size. The aortic valves were found to be sufficient by the water test. The mitral valves were apparently sufficient, nothing abnormal being perceived but a few small atheromatous spots. The other valves were normal together with all the orifices.

The points of interest in the case were considered to be, *First*, The existence of such an amount of hypertrophy without enlargement of the cavities and without valvular lesions in a young subject. *Second*, The absence of any symptoms during life which pointed to cardiac disease. The person had always had excellent health, was able to take active exercise without deficiency of breath or palpitation. Dr. Dudley had known him from boyhood, and he had always been apparently in perfect health. During the past winter he was accustomed to skate without inconvenience. *Third*. The occurrence of sudden death. Dr. F. supposed the immediate cause of death to be apoplexy from cerebral congestion. How far the hypertrophy of the heart may have contributed to the engorgement of the vessels of the brain, he was not prepared to say. In this connexion it was to be stated that the young man had been for some time under mental excitement consequent upon his entering into a new business arrangement, and on the day of his death he was for the first time to take upon himself the new duties. In view of the youth of the patient, Dr. F. was inclined to think that hypertrophy existed in the case as a congenital affection. There was no atheromatous deposit about the brain.

Dr. Sands then related a case of sudden death occurring in Bellevue Hospital when he was interne. The patient, a man, had been admitted previous to the night visit; on examination, found nothing urgent, gave him a Dover's powder for the night. During the night was called to him, and found him dead. The nurse stated that the patient, being previously comfortable, was suddenly seized with difficulty of respiration, tore his clothing violently from the neck, became blue in the face, and expired in about five minutes from the commencement of the attack. The autopsy revealed the existence of a small amount of consolidation at the apex of the right lung, which was the only lesion noticed. The larynx and trachea were carefully examined, but beyond a moderate injection of the blood-vessels in the mucous membrane of the former organ, the parts were in a perfectly normal condition. In the absence of any satisfactory physical explanation of the cause of death, it was his conjecture that this might have been due to spasm of the glottis.

Dr. Post inquired, if the superficial effusion was sufficient cause of death ?

Dr. Flint answered affirmatively, and related a similar case in his practice.

Dr. Finnell stated that he had frequently made autopsies for Coroners, of persons found dead in bed, and had found congestion of the brain and simple hypertrophy of the heart. He, in these cases, gave as the cause of death, the congestion of the brain. He did not think that simple hypertrophy was a sufficient cause of death.

American Medical Times.

SATURDAY, SEPTEMBER 27, 1862.

THE EFFECTS OF THE WAR UPON THE MEDICAL PROFESSION.

The commencement of the preliminary term in our various medical colleges naturally enough leads us not only to take a prospective but also a retrospective view of the effects of the war upon the medical profession. The demand which has been made on the profession during the present contest has been so great that we have now in the field almost an army of surgeons by themselves. Now it is but fair to admit that the absence of this large number of professional men from their respective spheres of duty must certainly be felt by the public at large. There is not a single community, however small, which perhaps has not suffered from it, and which does not call for the filling of a vacancy left by some practitioner. And notwithstanding so many have gone to the field, the want of surgeons is still felt for the charge of the vast number of recruits which are now being mustered under the last call of the President. This continual need for surgical services must, in a measure, be supplied; and, if the law of political economy be true with reference to the relation between demand and supply, we may expect to look for a large number of recruits to our ranks. The number of students should be increased and our colleges should be crowded. Already, evidences are not wanting to show that the inducements which government holds out to young medical men to enter the army are duly appreciated. In fact we know of very many who, upon the supposition that the war is to last for a long time, are willing to commence the study of medicine almost with the sole view of entering the army.

Every young practitioner, who is dependent upon his own exertions, has very often a very hard struggle for a livelihood, and it is doubtless the knowledge of this fact which keeps many from starting out in the pursuit of a profession which they dearly love. At this time, however, this objection is removed; a young man, if he be found competent, can obtain a position at once in the army, and receive a very substantial salary. This must have its effect upon many of our students of medicine who have barely the means to procure for themselves an education, and will doubtless be the turning-point in the career of many a future distinguished practitioner. A noticeable effect which the war has had upon the profession as a body is the great impetus which it has given to study. The institution of strict examinations as proofs of competency has exacted it of every one who desired to enter the service. This has been especially the case with those who had not been in the habit of study, or who were, in a word, Routinists.

With all general practitioners, however, the text-books have been freely called in requisition, operations have been rehearsed, dissections made, and the knowledge of military surgery has become an acknowledged necessity. Altogether the work has been an earnest one. Can any one fail to see in this a certain elevation of the tone of the profession? We may well be proud of the amount of actual knowledge possessed by us as a body, compared with what it would have been had no necessity called forth our sleeping energies. The chances for the practice of surgery have been unequalled, and it has been the pride of every surgeon to make the best of such advantages.

Another effect of the war has been to reduce to its proper level the practice of homœopathy. Rampant for distinction and loud in the demands for justice, the followers of this system of quackery earnestly sought recognition by the government and a place in the army, and at one time it did almost seem, through the strenuous exertions of certain unprincipled politicians, that their request would be granted. But in the discussion of the matter a fair comparison was made between the results of the two systems of practice by actual statistics, and we have seen the result. The authorities have performed the solemn duty which they owed to our soldiers, and the regular system of practice triumphantly takes its stand as the only one legitimately under the patronage of the government. The significance of this fact has not been lost upon the community at large, and has doubtless tended more to crush out the claims which the charlatans have urged for favor than anything else which could have been done. A rather surprising effect of this decision of the government has been apparent in the decrease in numbers of this class of practitioners. It being a regulation that none but regular practitioners are eligible for examination, very many of the homœopathists have been tempted to turn heretics to their faith in the hope of obtaining positions.

As the war lasts, and as larger numbers of our profession become actively engaged upon the field, we may hope to raise the standard of professional attainments still higher, and when it shall have ended we can count at least one thoroughly competent surgeon to each little town of the Union. Very many of our older practitioners needed brushing up, our distinguished surgeons increased opportunities, and our younger men occupation and remuneration. The war has supplied all these wants.

THE WEEK.

The New York Pathological Society, after a vacation of two months, has resumed its regular meetings, and we are again able to continue the publication of its proceedings. Though somewhat behindhand in the matter of dates we have endeavored to have the report of each meeting appear as soon as it has been approved. It will be remembered that this body have agreed to publish all their official reports in this journal, and that it has been their intention, in time, to issue a separate volume of Transactions. This work has been fairly commenced, and though a considerable time must necessarily elapse before it is completed, we can, when that time comes, promise for it a warm reception by the profession. The promptness with which the task of preparation has been accomplished reflects the highest credit upon the gentlemen composing the committee of publication.

The *British Medical Journal* thus comments upon the subject of gratuitous medical services. The topic is one which should justly claim the attention of the whole profession.

"We have so often expressed a most unqualified opinion on this subject, that we need hardly say how fully our sympathies and convictions go with him in this matter. We do verily believe that, if any assemblage of our profession would give themselves up to a full, a deep consideration of this subject, the large majority composing it would infallibly be driven to the conclusion that there is no one cause more powerfully operative in degrading and injuring our profession than the system of gratuitous medical services. The arguments against the system are, to us at least, overwhelming: and we can most truly say that we have yet to learn one single argument, worthy of the name, which can be adduced in favor of it. The mischiefs resulting from this cheapening of medical services are not merely direct, and confined to the pecuniary loss immediately involved, but they reach far and wide, and can be traced, by those who will carefully investigate the matter, injuriously operating in directions where *primâ facie* they seem to have no connexion.

"Regarded from our point of view, the system of gratuitous medical services is a system which benefits the few, and seriously damages the profession at large. It degrades us in the eyes of the public; and lessens in their esteem the value of our services. The public take us at our own valuation. It is founded on an injustice and an absurdity—on the iniquity of a laborer laboring without a laborer's due reward. A very large amount of these services is, admittedly, rendered by us on the purest principle of selfishness; we throw them out as sprats, for the purpose of catching mackerel. But, not to argue the question in all its fulness at the present moment, we will content ourselves with throwing out one question for the serious consideration of those who think the system a good, a great, a useful, and an honorable one to the profession. We would ask: If gratuitous services are all you say of them, surely you will admit that there must be some kind of limit to them, some line drawn where they should cease. The warmest admirer of gratuitous services will not, we are sure, venture to say that these services may not, under certain circumstances, become very wrong and improper—injurious alike to him who gives as well as to him who receives them. Now, we would ask: Is there a man in the profession who does not know, who is not ready to admit, that a large amount of such services are daily being thus improperly—we mean, *improperly* even in the eyes of those who approve of properly given services—given to the public? We are sure no one of us will deny this. Then, such being the case, it follows that every member of the profession—including those who approve of *proper*, and those who reprobate gratuitous medical services altogether—is agreed in this, that a large amount of gratuitous work is done improperly by the profession: therefore, that even those who approve of the rendering of a certain amount of gratuitous services, ought, by their own showing, to join in the work of *distinguishing* the evil."

The city of San Francisco has subscribed the sum of $100,000 for the use of the Sanitary Commission. At no time could such a magnificent donation be better timed, and in no better channel could it be thrown for doing the greatest amount of good to our soldiers. Money and other necessaries are being largely offered from both public and private sources, but there is no danger that the supply will be too great. It is truly encouraging to see how willingly and readily the public at large respond to the wants of the Commission. It proves in a substantial manner the confidence they have in the integrity and administrative ability of the body.

Correspondence.

PUBLIC DRINKING-FOUNTAINS, AS MEMORIALS.

[To the Editor of the American Medical Times.]

Sir:—Few men have attained to a more just celebrity than the late Surgeon-General of Ireland, Sir Philip Crampton. His name is associated with most of the recent public sanitary improvements in the metropolis of Ireland. Last week a fitting memorial was erected to his memory in Dublin, in the shape of a very handsome drinking fountain. The Earl of Howth, as the representative of the contributors to the fund, handed it over to the Lord Mayor and Corporation for the benefit of the citizens. The following appropriate inscription (*London Lancet*), by Lord Carlisle, is placed upon it:—

"1862.—This fountain has been placed here, a type of health and usefulness, by the friends and admirers of Sir Philip Crampton, Bart., Surgeon-General to her Majesty's Forces. It but feebly represents the sparkle of his genial fancy, the depth of his calm sagacity, the clearness of his spotless honour, the flow of his boundless benevolence."

The *Lancet* adds: "Exception has been taken to the propriety of the memorial by some members of the public press; but we are at a loss to discover on what grounds their opinion has been formed."

Fitting memorial! Would that some thousands, which do not serve to beautify Greenwood, had been expended as wisely. The stone and the marble would then have been most usefully elaborated, and the names of the dead, in many instances very deserving of memory, held in grateful and constant remembrance. Though language less adulatory than the monumental inscription above quoted, would fitly commemorate a greater than Crampton, the New York public would gladly excuse an inscription of like character upon any similar monument in our thoroughfares where thirst could be assuaged.

A few years since, at the suggestion of one of our profession, public provision was made for supplying the thirsty. Some cast-iron pillars were placed in connexion with the Croton here and there at considerable expense. Originally devoid of beauty, and now indifferently cared for, their existence even is known to but few citizens, and they are resorted to only in desperation.

Within a brief period, the London *Illustrated News* has furnished many pictures of public drinking fountains erected in thronged places at great expense and as beautiful as art could devise. This has generally been done by public-spirited and benevolent persons; and so much importance has been attached to these enterprises that their completion and transfer to the public has been the occasion of imposing ceremony.

There is one spot in this city about which the recollections of the good and the learned will frequently linger. No. 1 Bond Street, now devoted to municipal charities, is to many classic ground. If the friends and admirers of him who made the locality interesting, would follow the example of Crampton's friends, how beautifully, appropriately, and usefully would the name of Dr. Francis live among us and our children. Eminently useful in promoting sanitary measures for the good of his native city, his name should not be allowed to pass soon from our memories. What more effectual means could be adopted to secure its preservation, and lasting good from his example, than to place near where he daily walked a beautiful and well kept drinking fountain upon which should be written his name and virtues. Indirectly, he would long continue to do good to mankind—his delight while living. The poor would bless his name, as did their progenitors; and many who now resort to the dram-shop as the only place to allay their thirst, and there drink poisonous compounds, would thankfully drink their cup of cold water.

E. E—.

New York, Sept. 14, 1862.

FOREIGN MEDICAL INTELLIGENCE.

Since the blast of King James against tobacco, it is such a novelty to hear anything said or written in extenuation of its use, that I cannot refrain from reporting the following commendatory and hopeful notice of this much used and abused plant. While M. Beau proscribes the baneful weed under pain of some horrible chest-affecction, another doctor calls loudly for the suffrages of the Academy of Sciences in order that a tobacco-shop may be established in every school or college in the land of France. The measure would, without doubt, be welcomed by the *concierges*, and well patronized by the students of the said establishment. But I must not speak irreverentially of the matter, for the author is a man of note, since he is a member of the *conseil general*. It is M. Demeaux, so well known for his recommendation of coal-tar for the disinfection of ulcers. Now M. Demeaux has discovered that the unrestrained usage of tobacco would disinfect society of an ulcer physical and moral, much graver and more extended than all the sores in the sea of surgery, the sore of onanism. He has proved in statistics gathered from his very extensive practice, that during the last twelve years onanism has decreased in a most notable manner; he has proven besides, a proportional improvement in the general health of the male population. Evidence of this, results not alone from his own observation, but from the statements of the *conseil de revision* for military service. The number of young men good for service, has gradually increased for the same number of years. It is to the usage of tobacco that M. Demeaux ascribes the honor of this diminution of onanism and the general amelioration of the public health; and it is as consequence to these premises that he prays of the Academy to sanction tobacco-smoking in boarding-schools, colleges, and in all places where severer masturbators are likely to be.

M. Rayer finds the syllogism of M. Demeaux very bad; he can see no connexion between the two things of which it is the question.

M. Flourens remarks, that it is prohibited more than ever to smoke in boarding-schools: he sees in this habit a *certain* for a very *uncertain* result.

M. Velpeau finds himself overcome by the singularity of M. Demeaux's proposition, and only begs that his opinion will not be solicited.

M. Dumas says: Why attribute the improvement in humanity to tobacco rather than to sugar, meats, or wines, the consumption of which has augmented quite as largely as that of tobacco?

The *prestige* which M. Demeaux has so honorably gained for other inventions, has not saved him in this his latest, from the significant apathy of his colleagues. They have set him out in the cold; and I should array my pen against such insult, did M. Demeaux only explain how the smoking of tobacco cures onanism. . He prescribes a remedy, tells the benign result, but makes no allusion to the *modus operandi* whereby this result arrives. Does evil cure evil, will the fusion of two vices be beneficent, or does smoking act on man as catnip on cats, antiphrodisiac?

The following new treatment of the bite of a rabid dog, is to be credited to Dr. Nicole, *Chirurgien de l'Hospice d'Elbeuf*:—For the cauterization by *fer rouge*, for the suction and the cupping which have been long advised to destroy or remove the virus from the bite, he proposes to substitute another method prompter of execution, less painful, less repugnant, and more efficacious. It is just simply to introduce in the wound the nozzle of a small syringe and make liberal suction. In this manner the virus is taken up with blood, and after cleansing carefully the syringe inject a strong solution of caustic. A cupping instrument is not always at hand, and is not applicable to every part, but the syringe is ever to be found, and has the advantage of being more *searching* after the virus by reason of its penetrating to the bottom of each indentation left by the animal's teeth.

Cygnet.

FOREIGN CORRESPONDENCE.

LETTER XII.

By PROF. CHARLES A. LEE.

VENTNOR, ISLE OF WIGHT, July 23, 1862.

MANY years ago I read the excellent work of Sir James Clark, "On the Influence of Climate in the Prevention and Cure of Disease," and in that work I remember that this region, called the "*Undercliff*," was especially recommended, as affording a favorable climate for persons laboring under, or predisposed to, pulmonary affections. At that time, this place, now so crammed with beautiful villas, contained only about half a dozen humble cottages, inhabited by poor fishermen; now it is the capital of the Undercliff, crowded with hotels, churches, shops, cottages, and villas, built in every conceivable style, and filling every nook and corner where it is possible to place a building. Sir James spoke of it as one of the most picturesque spots along the coast, as it undoubtedly is; huge hills towering up many hundred feet behind it, while the platform, on which it began to be built, is broken up into several uneven terraces; the ground running in smooth slopes down to the broad, smooth beach, mingled, however, with steep, abrupt banks of rock, down which a brawling rivulet hastens on its journey to the sea.

The region which goes under the name of Undercliff, extends about seven miles on the south shore of the island, from Blackgang to Dunnose, consisting of a platform varying from half a mile to a quarter of a mile in width, bounded on the south by the undulating bays and promontories of the channel, and on the north by a perpendicular wall of grey rocks, which form the buttress to a range of downs, from three to eight hundred feet high, covered with luxuriant grass, and pastured by innumerable sheep.

We have here all the constituents of a beautiful landscape —rich vegetation, elevated hills, secluded and romantic dells, and ever varying ocean; but we have also a climate differing essentially from that of England, the temperature during winter being much more moderate and uniform than can be found in any part of Great Britain during the same season. Its situation protects it completely from the north and northeasterly winds, and hence the whole region, from Luccomb Chine to Chale, is peopled with visitors every fall and winter, chiefly from England and Scotland, though some from the United States and the northern parts of Europe. There seems to be but one opinion among those who have spent the colder months in this region, that the climate is on the whole very favorable, and the neighborhood most agreeable to the invalid. Here there is every temptation to take exercise in the open air, for beauty meets the eye on every hand—here, where the green slopes sink deep into bays and valleys, opening like a theatre to the sun and the sea; here presenting a terrace of low land at their feet, which stretches under the shelter of that high perpendicular wall, like a rich garden plot all roughened over with masses of rock fallen in distant ages, and overshadowed with thickets of myrtle, roses, geraniums, heucheras, fuchsias, etc., which all grow wild in great luxuriance and profusion, and need no protection during the coldest seasons. Thorns, chestnuts, and ash trees are abundant; the jagged cliffs are covered with ivy; and primroses, cowslips, and hyacinths, are thickly scattered over the well watered glades. I must not, however, dwell on the beauties of the landscape here presented, which have been pointed out by so many writers, but limit myself to some few observations in regard to the supposed advantages it presents to the pulmonary invaild. Sir James Clark, if I rightly remember (not having his work at hand), represents the climate of Torquay, on the English coast, as softer, more humid, and relaxing, while that of the Undercliff is drier, somewhat sharper, and more bracing. In general, perhaps, this description will hold true, but it is very evident from the location of the Undercliff, as may be seen on a map, that this region is pretty fully exposed to the cold, damp, easterly winds, which come down the Channel, and that it cannot be exempt from those sudden atmospheric changes so frequently experienced on the neighboring coast. One disadvantage it must always labor under, which I witnessed and experienced myself, and that is, the excessive dampness occasioned by a condensation of the vapors brought by the northerly and westerly winds, which, striking upon the lofty mountainous downs, roll their thick vapors down the cliffs, saturating everything in doors and out, as if immersed in a vapor-bath. Leaving Ryde in the morning, in the latter part of July, the thermometer standing about 60°, and the wind blowing fresh from the northwest, I had no sooner reached the vicinity of the downs and the Undercliff, than the vapors began to roll down the hill like an impenetrable mist, saturating my clothes with wet as if exposed to a heavy rain, and indeed it was often impossible to say whether it was mist or a fine shower; it, however, terminated in a continuous, undoubted rain, of some hours' duration, while the distant coasts of Hampshire and Sussex were doubtless enjoying a clear, sunny day. Further inquiry satisfied me fully that my surmises, thus originating, were correct, and that with all its other favoring influences, the Undercliff must suffer more or less from atmospheric changes, if not perpetual damp. A lover of the hydropathic system would be delighted with Ventnor, etc., for he would always have his *wet sheets* without extra trouble, and a cold vapor bath any time by removing the dress. Visitors, of whom I have made inquiry, all testify to the great dampness of the climate on the southern shores of the island; and one gentleman at Southampton told me he never stayed over night at Ventnor without taking cold from sleeping in damp sheets. Now, I am not able to say how great a drawback this feature in the climate of this favorite resort may be, in pulmonary cases, but I apprehend that in true tuberculosis a drier atmosphere would be more favorable. In purely bronchial affections, however, there can be little doubt that such a climate would exert a more favorable influence than one containing less moisture. The soothing, relaxing effects of a moist atmosphere in such cases, is well known; while in tubercular phthisis, the progress of the disease would be probably hastened. The fact that a temperature of 54° F. was experienced on the 22d of July, while a greatcoat and fires were essential for comfort, proves that during the winter solstice the atmospheric conditions here may sometimes be such as the invalid would be glad to exchange for some others of a different kind. I will, however, perhaps resume this subject, and present more positive data.

VICHY, FRANCE, Aug. 21, 1862.

WHILE our good friend Hanbury Smith is dealing his excellent artificial Vichy water from his two perpetual fountains in Broadway and the Fifth Avenue, let me dip my pitcher into the original source and catch the bubbles as they rise to the surface. Before doing this, however, let us take a brief survey of matters connected with the mineral waters of France in general.

There is no country in the world where mineral waters are held in higher estimation than in France. This is shown by the fact, that the preservation and management of all the important mineral springs are under the direct control of the government, and form a distinct bureau under the minister of agriculture, commerce, and public works. They are now under the immediate charge of M. NANTA, Chief of the Division of Mines and Manufactories. He is aided by a *Consulting Hygienic Committee* consisting of nine members, of which M. RAYER, Dean of the Faculty of Medicine and Physician in ordinary to the Emperor, is president. Thirteen other physicians of eminence are designated by government to aid in the deliberations and consultations relating to mineral waters; and their names are annually published in connexion with the other officers of State. Besides this, the *Imperial Academy of Medicine* has a permanent standing committee on mineral waters, consisting of six of its most distinguished members, besides a leading chemist. Besides these, there is an *Army Council of Health* under the minister of war, who have a voice also in regard to the use of mineral waters: of this, M. Vaillant is President and Medical Inspector.

The Government, moreover, to show its faith by its works, has established nine Thermal Military Hospitals, viz. at Vichy; Bourbonne-les-Bains; Bareges; Amelie-les-Bains; Bourbon-l'Archamhault; Plombieres; Guano (Corsica); Hamman-Mezkhoutine (Algiers), and Bains de la Reine (Algiers):—To these hospitals, both officers and soldiers, laboring under certain kinds of chronic disease, are sent by the Government until cured, or death has relieved them of their sufferings. Resident medical inspectors and adjunct inspectors are appointed also to all the important mineral springs of France. Besides, there are physicians resident at Paris, whose chief office is to prescribe what mineral waters are best suited to individual cases; these now number forty-seven, besides ten chemists specially devoted to the analysis of these waters. These statements are, perhaps, sufficient to show in what estimation mineral springs are held in France. I may add, however, that in 1861, a prize was offered of one thousand francs for the best work on mineral waters; and the French Academy of Medicine, at a special sitting, awarded it to Dr. Durand-Fardel, whose work is now a leading authority on the subject; nine silver or bronze medals were also awarded to other writers, and honorable mention made of four more. An Annual of mineral waters and marine baths is also published at the commencement of every year, and has a large circulation.

Public opinion, in France, is opposed to factitious and artificial mineral waters, and they, consequently, have but a very limited sale; if, indeed, they are sold at all. The Academy of Medicine has, indeed, on application, expressed an opinion favorable to lemonade impregnated with carbonic acid gas, but at the same time directed, that if made in leaden or copper vessels, the surface should be well guarded by a thick coating of tin. This is the nearest this learned body has ever come, to giving its sanction to artificial mineral waters. The *Society of Hydrology* of Paris met some time ago to deliberate specially on this subject, but I believe came to no positive conclusion. The immense quantities of the natural Vichy water consumed throughout France, as well as of the natural salts prepared from the water, show conclusively the estimate placed upon these natural products over any artificial productions that could be made.

The view taken of this subject by the leading French chemists is far more rational than one might be led to expect. In their view, Chemistry seems to hold the same relation to mineral waters as anatomy does to the human body; it reveals something—not all. They believe that it is essential to study their special action on the living economy. Every mineral water is regarded *as a centre of force*, only when studied and learned by the phenomena manifested under its use, and not by the organic elements simply, that enter into its composition. This is certainly the only rational view, for there may be agents so minute or so combined as to escape the analytic skill of the chemist, but which exert a decided influence over the vital properties. It is therefore impossible ever to form an artificial mineral water identical in composition or effects with that which is imitated. Its demerits and its therapeutical properties may be analogous; they can never be identical. They are not, however, without their use, where the natural waters cannot be had. Nevertheless, it must be admitted, that intelligent persons who resort to mineral springs are mainly guided in their choice by a consideration of the principal elements that enter into their composition; and this is the principal office of physicians who reside at such watering places. They prescribe not simply the water, but the substances it contains; nothing is certainly more important than this knowledge except their physiological action. I certainly cannot say with the celebrated Bergmann, that to know the chemical composition of a mineral water is to anticipate experience; most medical writers on the subject state that, in the treatment of diseases, the virtues of mineral waters bear a direct relation to the known elements entering into their composition; yet, it must be admitted that they often have a contrary effect to what was anticipated, and that the only certain test of what they will effect is actual experience, and ample trial. In short, as Prof. Paine has so conclusively shown, the body is not simply a chemical laboratory, but a living organism whose vital forces contain chemical elements and chemical affinities, but are never, till death, controlled by them.

There are, in all France, one hundred and sixty-five mineral springs of greater or less celebrity; the most important of which, already stated, belong to and are controlled by the Government.

Vichy may undoubtedly be placed at the head of these, if we consider the reputation it enjoys, and the number of invalids who annually resort hither to make trial of its waters. The Emperor may be said to have taken it under his especial patronage, as the Empress has that of *Eaux-Bonnes*, for he occasionally takes up his residence at Vichy in July, and protracts his stay till late in August, or rather, till the great national fête of the 16th of the mouth. It is well known that he has been somewhat of an invalid for several years past, and it is generally believed that he finds the use of the waters extremely beneficial. Some idea may be formed of the popularity of the waters, when I state, that up to the 15th of September, 1861, 16,440 strangers had visited the place, and up to the 20th of August of the present year, 15,483 patients had registered their names, besides 1324 servants who accompanied them. These, as the register shows, came from every country in Europe, and a considerable number from North and South America, and the West Indies. There can be no doubt that some fashionables are attracted hither by the presence of the Emperor, but the vast majority to try the medicinal effects of the waters.

There is nothing attractive in the appearance or situation of Vichy; it is a hot, dusty place, far more so than our Saratoga, while its surroundings are far less agreeable. It consists of the old and new town; the streets of the former narrow and irregular, while the houses are mean and ugly, but the new portion is better laid out, though still without much order or regularity, the houses being built of the same light-colored sandstone which is universally used all over France. It lies on the left bank of the Allier, a moderate-sized river, in summer occupying a tenth part of its ordinary channel; nine hours by express train from Paris on the Orleans line of railway.—There are numerous *grand* hotels; everything is grand in France; even the principal spring here goes under the name of *Grande-Grille!* The price of board, including rooms and the use of the salon, is from one to three dollars or more per day, according to extent of accommodations. A patient, however, as at our own watering-places, can adapt his expenses to his means. All the hotels have a *table d'hôte*, but the patient can resort to a restaurant, and thus live at less than half the expense. There are some establishments chiefly patronized by the fashionable, who resort hither for gambling or amusement, such as the hotels Guillermin, de Paris, Germot, &c. Lodgings generally have to be secured in advance; one-half the residents seem to be in the confectionery line, for their shops are filled with pastilles and sugar plums, made of Vichy salts, sugar, and flour, or gum and "*sucre d'orge*," a "digestif alcalin," very much in vogue.

The springs, nine in number, were first taken possession of by Napoleon I. in 1810, who opened a park, and authorized the acquisition of the necessary land. The large establishment was erected in 1820, but it was not till 1845 that the government took entire control of the waters. The second thermal building was erected in 1858. These are large and commodious, and display considerable architectural taste. These are 306 bath rooms, and 39 separate rooms for *douche* baths, which seem to be greatly in vogue. In 1853 the government sold 100,520 bath tickets, and sent out 361,000 bottles of the water. In 1857, 170,405 tickets were given out, including 27,000 gratuitous, and 700,000 bottles of water sold; in 1861, 280,000 bath tickets sold, and 1,250,000 bottles of water sent out and sold, and all this in addition to the immense quantity of the dry salts, extracted from the waters, and the *pastilles*, made for the government from the same salts, and distributed over the kingdom. Thus it will appear that these mineral waters are a source of no small revenue to the government, and are annually becoming more and more profitable. The presence of the Emperor and the increasing pecuniary value of the waters has given quite a spur to improvements recently; manifested by the formation of a new park and ornamental grounds on the banks of the Allier, the construction of a new suspension bridge, the exterior of the railroad from St. Germain des Trosses to Vichy, and the erection of many handsome seats and villas in the neighborhood. I visited the large establishment for extraction of the natural salts, which is in charge of a special agent appointed by government, and every precaution is taken to prevent fraud by adulteration or substitution, and the same of the water sent out in bottles. So extensive is this distribution, that there is scarcely any part of the world where the natural Vichy water, or its salts, cannot be had.

The remedial properties must be reserved for my next letter.

Army Medical Intelligence.

REPORT OF THE SEVENTY-FIFTH REGIMENT N. Y. S. VOLUNTEERS.

Camp Arnold, Pensacola, Florida,
August 1st, 1862.

S. Oakley Vanderpoel, M. D.,
Surgeon-General, S. N. Y.

Dear Sir:—I transmit herewith an abstract of the report of sick and wounded of this command, for the month ending July 31st, 1862. The health of the regiment is as good as at any time since it has been in the service. The diseases were principally remittent fever, diarrhœa, and dysentery, of mild type, and readily amenable to simple treatment. There are no indications of any form of malignant fever, and as the season is so far advanced, we hope to escape all trouble in that direction.

We are a little afflicted with *nostalgia*, owing principally to the length of time intervening between the reception of mails from the North, and the lack of more active service to break the monotony of camp life.

I have the honor to remain, very respectfully,
Your obedient servant,
M. D. Benedict,
Surgeon 75th N. Y. Vols.

Abstract of report of the sick and wounded of the 75th regiment N. Y. Vols., for the month ending July 31st, 1862:—Remaining at last report, sick, 30; convalescent, 7; taken sick during the month, 148=185. Returned to duty, 147; on furlough, 3; died, 1; remaining sick, 20; convalescent, 14=185.

The fatal case was that of a new recruit of company K, who had been here but a short time; and the disease causing death was produced by very gross imprudence in diet.

Abstract of report of sick and wounded of the 75th regiment N. Y. Vols., for the month of June, 1862, at Camp Arnold, Pensacola, Florida:—Remaining at last report sick, 17; convalescent, 4; taken sick during the month, 92 =113. Returned to duty, 73; discharged, 3; remaining sick, 30; convalescent, 7=113.

For the quarter ending June 30th, 1862:—Remaining at last report, sick, 47; convalescent, 4; taken sick during the quarter, 265=316. Returned to duty, 273; discharged, 4; died, 2; remaining sick, 30; convalescent, 7=316. Accidentally drowned while bathing in the surf, 1.

M. D. Benedict, *Surgeon, &c.*

Medical News.

American Pharmaceutical Association.—The tenth meeting of this association, which adjourned in 1860, in New York, to meet in St. Louis in the following year, was postponed on account of the disturbed state of the country, and, at the suggestion of the Executive Committee and the consent of many members, was invited to meet in the city of Philadelphia at the present time. It accordingly met on the 27th ult. Although, as was to be expected under the circumstances, the attendance of members at large was smaller than usual, the standing officers and committees were fully represented, as were the several Colleges of the Atlantic cities by their delegates. At the close of the third day the Association adjourned to meet again in September next, at the call of the President.—*Bost. Jour.*

The "slip between the cup and the lip" was never more painfully exemplified than in the case of ovariotomy detailed three weeks ago to his *confrères* of the Academy of Medicine of Paris, by M. Nélaton. On Tuesday last this surgeon again mounted the tribune to announce the death of his patient, which occurred on the twenty-first day after the operation, from tetanus. The *Gazette Hebdomadaire*, in commenting upon this singular unhappy termination of what promised to be a brilliant success, winds up with the verdict of "*died cured*," and very properly protests against such a complication as tetanus figuring in the list of *contras*, when the expediency of the operation is called in question.—*Lancet.*

An Ague Charm.—The accompanying charm is so unique, and, I am assured, so immensely potent, that I cannot forbear giving it to suffering humanity through the columns of your Journal. It was given to a friend of mine by a laboring man, who professed to have cured thousands with it. It was in a sealed paper, and was directed "to be worn in the bosom." My friend sacrilegiously broke the seal, and unfortunately the spell at the same time, for it did not cure his ague. The following is a literal copy:—

"Wen Jeasus saw the plais wair he was to be crusey feyed he trembeled then sais the jues hunto him hath though hand hay gue Jeasus saith hunto them hif hainey man ceap these woord he shal never be a trubeled with hay gues nor feavers sow then help this thy survent that puts is trust in the."—*Brit. Jour.*

Influence of Ozone.—Dr. Ireland remarks, on the influence of ozone on the health of patients in the hospital of Umballa, Bengal, that on one occasion, when the quantity of ozone showed a marked increase, all the patients recovered; on the contrary, a sudden decrease of ozone was followed by a threefold increase in the number of patients, and the prevalence of rheumatism and influenza.—*Lancet.*

Affections of the Throat in Scotland.—Sore-throat, ulcerated sore-throat, and diphtheria, have occurred in various localities in Scotland, and in Mid and South Yell. The sore-throat appears to have been accompanied with an affection of the hands, which raises the suspicion that sore-throat and diphtheria in the human subject is but a variety of the epidemic disease in cattle known by the name of murrain or epizootic aphtha, characterized by the aphthous and ulcerated mouth and sore hoofs.—*Lancet.*

Medical Honors.—M. Claude Bernard, Professor of Medicine at the Imperial College of France, and Professor of General Physiology at the Faculty of Sciences of Paris, has been promoted to the rank of Officer of the Legion of Honor.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 15th day of September to the 22d day of September, 1862.

Deaths.—Men, 78; women, 73; boys, 124; girls, 133; total, 408. Adults, 151; children, 257; males, 202; females, 206; colored, 8. Infants under two years of age, 202. Children born of native parents, 15; foreign, 210.

Among the causes of death we notice:—Apoplexy, 6; infantile convulsions, 21; croup, 16; diphtheria, 7; scarlet fever, 1; typhus and typhoid fevers, 21; consumption, 46; small-pox, 8; measles, 8; dropsy of head, 16; infantile marasmus, 41; cholera infantum, 43; inflammation of brain, 12; of bowels, 9; of lungs, 12; bronchitis, 7; congestion of brain, 9; of lungs, 2; erysipelas, 0; diarrhœa and dysentery, 24. 225 deaths occurred from acute diseases, and 37 from violent causes. 286 were native, and 122 foreign; of whom 75 came from Ireland; 82 died in the City Charities; of whom 6 were in Bellevue Hospital, and 6 died in the Immigrant Institution.

Abstract of the Atmospherical Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Sept. 1862	Barometer. Mean height.	Barometer. Daily range.	Temperature. Mean	Temperature. Min.	Temperature. Max.	Difference of dry and wet bulb. Thrm. Mean	Difference of dry and wet bulb. Thrm. Max.	Wind.	Mean amount of cloud.	Humidity Sat'tion, 1000
	In.	In.	°	°	°	°	°			
15th.	80.14	.10	66	68	70	5	8	W.	7	717
16th.	80.11	.07	64	62	71	7	9	N.E.	9.7	610
17th.	80.10	.04	67	64	70	8	4	N.E to S.E	10	817
18th.	80.04	.16	71	67	76	5	9	S.E.	7.7	720
19th.	80.00	.10	75	67	88	8	16	N.W.	8	534
20th.	80.04	.10	78	66	80	7	10	N.W.	4 7	617
21st.	80.11	.07	71	65	76	10	16	N.W.	.08	540

Remarks.—15th, Variable, A.M., cloudy, noon; clear, early eve., very light rain at night. 16th, Fresh wind, A.M., cloudy all day. 17th, Light rain A.M., rain at 8 P.M. 18th, Cloudy nearly all day. 19th, Sultry; nearly clear all day. 20th, Sultry; clear A.M., cloudy P.M. 21st, Fine all day; fresh wind middle of the day. Rain for the week one-quarter of an inch; for the previous week one inch and a quarter.

◆

SPECIAL NOTICES.

The New York Academy of Medicine.—*The subject of Albuminuria having been introduced to the Academy by* Dr. Alonzo Clark, *and published in the Bulletin, will come up for discussion on Wednesday, October 1st, in the following order:—1st. Causation and Pathology of Albuminuria, by* Dr. Austin Flint. *2d. Albuminuria in Connexion with Pregnancy, by* Dr. ———. *3d. Effects of Albuminuria on Vision, by* Dr. H. D. Noyes. *4th. Therapeutics of Albuminuria, by* Dr. J. M. Smith.

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Wm. H. Davol, M.D., late Physician

to L. I. College Hospital, Brooklyn, removed to St. Paul, Minn.

References.—C. L. Mitchell, M.D., T. L. Mason, M.D., Prof. E. N. Chapman, M.D., of Brooklyn; Prof. Austin Flint, M.D., Prof. B. F. Barker, M.D., of New York.

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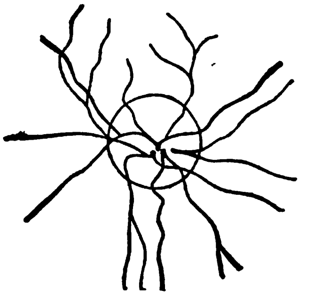
American Journal of Ophthalmology

JULIUS HOMBERGER, M.D., Editor.



No. 2, for September, just published.

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To the Medical Profession.—Dr. I.

Parigot has changed his residence and is prepared to receive a very limited number of patients in his country house at Hastings, on the Hudson; he can be consulted in town at Dr. Douglas' Office, No. 12 Clinton Place, on Tuesdays and Saturdays, for Nervous Diseases and Medico-Legal questions.

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From the "Cincinnati Lancet and Observer." July, 1862.

The state of our country during the past year has called out a new department of professional literature, of which this book before us is an example: books bearing upon the wants of the surgeon in actual service in field and camp. For its purpose perhaps none of these hand-books for the army surgeon are more practically valuable than this contribution of Dr. Smith. Of course, this is a condensed compilation—it makes no pretence to anything else; but it is well compiled, well condensed, and well digested; the whole is in very convenient shape for reference and immediate use in emergency,—and this need of the surgeon on duty we suppose is exactly what Dr. Smith intended and desired to fill. An excellent feature increasing its value consists in the copious illustrations throughout the entire volume. Every point and description of any importance is clearly and well illustrated with the accompanying wood-cut. It is bound in flexible cover, and will carry conveniently in the pocket, or pack in very small compass in the camp-chest.

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Appia (P. L.) The Ambulance Surgeon,

or Practical Observations on Gunshot Wounds. 12mo. Edinburgh, 1862. $1.50.

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On Diphtheria. By Edward Headlam Greenhow. 1861. Pp. 160. Price, $1.25.

Our readers will find a very large amount of information in the twelve chapters of which the volume is made up. Perhaps, in the present state of our knowledge on the subject of this obscurely understood disease, little more can be said beyond what may here be found written down.—*London Medical Times and Gazette.*

We have only been able here to refer to certain of the more prominent facts concerning diphtheria; but we believe we have said enough to recommend this well-written treatise to the attention of the profession.—*British Medical Journal.*

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Baudens.—La Guerre de Crimee, les Campements, les abris, les ambulances, les hopitaux, &c., &c. Second edition, 12mo. Paris, 1858. $1.

Bertheraud. Campagnes de Kabylie. Histoire Medico-Chirurgicale des Expeditions de 1854, 1856, and 1857. 8vo. Paris, 1862. $2.10.

Boudin.—Resumes des dispositions legales et reglementaires qui president aux operations medicales du recrutement, de la reforme et de la retraite dans l'armée de terre. 8vo. Paris. 60 cts.

Boudin.—Systeme des Ambulances des Armées Francaises et Anglaises. 8vo. Paris. $1.00.

Cazalas. Maladies de l'Armee d'Orient. Campagne de 1854-55-56. 8vo. Paris, 1860. $1.50.

Fraser. A Treatise upon Penetrating Wounds of the Chest. 8vo. London, 1859. $2.00.

Guthrie.—Commentaries on the Surgery OF THE WAR IN PORTUGAL, SPAIN, FRANCE, and the NETHERLANDS. With Additions relating to the War in the Crimea. 8vo. London. $4.65.

Jacquot. Du Typhus de l'Armee d'Orient. 8vo. Paris, 1858. $2.10.

Longmore (T.) A Treatise on Gunshot WOUNDS. Philadelphia, 1862. 75 cts.

Tripler & Blackman.—Hand-Book for THE MILITARY SURGEON. 12mo. Cincinnati. $1.

Notes on the Surgery of the War in the Crimea, with Remarks on the Treatment of Gunshot Wounds. By George H. B. MacLeod, M.D. Philadelphia, 1861. $1.50.

Outlines of Military Surgery. By Sir George Ballingall, M.D. 5th edition, 8vo. London. Price $4.00.

Warlomont. L'Opthalmie Militaire à l'Academie Royale de Medecine en Belgique. 8vo. Bruxelles. $2.40.

Williamson.—Notes on the Wounded FROM THE MUTINY IN INDIA. With a Description of the Preparations of Gun-Shot Injuries contained in the Museum at Fort Pitt. 8vo. London. $4.80.

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The Preliminary Term for the Session of 1862-3 will commence on MONDAY, SEPTEMBER 22, and continue four weeks, until the opening of the Regular Term in October.

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A preliminary term will commence on Monday, September 15th, and continue until the Regular term begins. This Course will be GRATIS to those students who intend taking a full winter Course, and will be as follows;—

On Amputations, by	Prof. Carnochan.
" Gunshot Wounds, by	Prof. Raphael.
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* Prof. Browne having received the appointment of Brigade Surgeon, has resigned the chair of Physiology. The chair is now vacant, but will be filled before the commencement of the Course.

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Original Lectures.

LECTURES
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DIAGNOSIS OF DISEASES OF THE HEART.

DELIVERED AT THE
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Session 1862-63.

By AUSTIN FLINT, M.D.

PROFESSOR OF THE PRINCIPLES AND PRACTICE OF MEDICINE.

LECTURE I.

Preliminary Remarks.—Arrangement of Diseases of the Heart in Three Divisions, viz. Structural, Inflammatory, and Functional.—Exhibition of the Heart and its Topographical Relations in the Cadaver.—Delineation of the Boundaries of the Superficial and Deep Cardiac Spaces, by Means of Percussion, on the Healthy Chest.—Effects of Enlargement of the Heart on the Situation of the Apex-Beat.—Increased Area of the Superficial Cardiac Space, and Extension of the Lateral Boundaries of the Deep Cardiac Space as Evidence of Enlargement.—The Application of Physical Exploration to Determine the Existence and Amount of Enlargement, Illustrated by two Cases.

GENTLEMEN:—During the preliminary term of the last session, I delivered a short series of lectures on Physical Exploration as applied to the diagnosis of diseases of the lungs. I propose, during the preliminary term of the present session, to devote the lectures assigned to me to a kindred subject, viz. the diagnosis of diseases of the heart. It is an interesting fact, that most of our present knowledge of this subject has been developed within a late period. Up to a quarter of a century ago, little was known of diseases of the heart, especially as regards their discrimination during life; they were recognised only when they were so far advanced that the evidence of their existence had become very palpable. At the present moment, perhaps, in no department of practical medicine is our knowledge more complete and satisfactory. It would be pleasant, by way of an introducion to the consideration of the subject, to give a historical sketch of the researches by means of which the subject has been elucidated during the last quarter of a century; but I could not do this without occupying time which may be more profitably spent with matters of greater practical importance, and I must, therefore, forego that pleasure.

I shall not detain you with any extended introductory remarks on the claims which the subject has on your attention. I am sure you will be properly impressed with its importance in the course of the clinical studies which we are to pursue together during the session. Suffice it to say, that in almost every case of illness which will hereafter come under your cognizance as practitioners of medicine, it is desirable to determine whether the heart be diseased or healthy; and the existence or non-existence of disease of this organ is to be taken into account in the management of the majority of cases. If the heart be diseased, the fact should be ascertained; if not diseased, the fact should be known; and it will often happen that the fact of the existence of disease, on the one hand, or the fact of the non-existence of disease, on the other hand, is by no means important merely as a matter of diagnosis, nor with reference only to the prognosis, but as bearing on the employment of therapeutical and hygienic measures.

In treating of the diagnosis of pulmonary diseases, during the last session, I was obliged to limit myself to physical signs, owing to the extent of the subject. The diagnosis of diseases of the heart is a less extensive subject; it lies within comparatively a small compass; and I shall probably be able, in the short series of lectures accorded to me, to consider diagnostic symptoms as well as physical signs. With regard to the diagnosis of cardiac as well as pulmonary diseases, if, we compare signs and symptoms with reference to their relative value, we must consider the former as vastly more important. The signs are more precise, more reliable, and more available than symptoms. But neither should receive exclusive attention; the signs and symptoms should always be associated. In this way the proof of the correctness of the diagnosis is strengthened, and we avoid errors which are unavoidable if either symptoms or signs are exclusively relied upon.*

In treating of the diseases of the heart, I shall consider these diseases as divided into three classes. *First*, Affections involving appreciable changes of structure, or in other words, lesions. We may distinguish these diseases as structural affections. *Second*, Diseases consisting of inflammation seated in any of the structures which enter into the composition of the organ; or, inflammatory affections. *Third*, Diseases attended with no appreciable changes, or functional affections. I shall begin with the diagnosis of structural affections. And, of these, the first to which I shall ask your attention is enlargement of the heart. How do we determine whether the heart be or be not enlarged? This is the first question in diagnosis which I propose to consider. We shall see hereafter, when we treat of the pathology of diseases of the heart, that this is a highly important question. We shall see that, in the cases in which other structural affections exist, the gravity and danger depend chiefly on the coexistence of enlargement of the heart. Now, as the basis of the means by which the fact of enlargement, or otherwise, is to be obtained, we are to take into account certain points relating to the anatomical situation and relations of the heart in health. It is not my province to lecture, at length, on the anatomy of the heart, I must presume that you are already familiar with the structure of the organ; if not, the facilities are at hand, in this college, for becoming so. I shall only bring before you some points relating especially to the topographical relations of the heart, which must be clearly before the mind's eye in order to understand the means of determining its size in the living body. In order to make these points as clear as possible, let us inspect the heart as it is exhibited on opening the chest of a cadaver in which the thoracic organs are free from disease.

On the table before me, is a dead body, with the sternum removed, by a division of the costal cartilages at their junction with the ribs. You have now presented an anterior view of the thoracic organs. You see a portion of the lungs, and a portion of the heart concealed by the pericardium which has been allowed to remain intact. The lungs, you are to bear in mind, have not the volume which they had before the chest was opened. Removing the sternum has exposed them to atmospheric pressure, and they have in a measure collapsed. I have caused the nozzle of a pair of bellows to be inserted into the trachea, and I am thus able to inflate the lungs. I do this moderately, so as to produce about the amount of expansion which the lungs would have had the chest not been opened. Let me now call your attention to the situation of the heart and its relations to the right and left lung. You perceive that the anterior margin of the right lung extends to the middle of the chest, or the median line. But you perceive this is not true of the left lung. At a certain point, viz. a point corresponding to the junction of the fourth costal cartilage with the sternum, the left lung separates from its fellow, leaving a triangular space within which the pericardium is uncovered by lung, and in immediate contact with the thoracic walls. Observe this triangular space. I shall refer to it frequently in treating of the diagnosis of diseases of the heart. It is called the *Superficial cardiac space;* called superficial, because it is situated superficially as regards the lungs and thoracic walls.

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* The terms *symptoms* and *signs* are here used with the conventional sense now attached to each, viz. the term signs being limited to the phenomena obtained by the physical methods of examination, auscultation, percussion, etc., and the term symptoms applied to all other phenomena of disease. This use of these terms, although not correct, is convenient.

Mark the boundaries of this superficial cardiac space. The upper boundary is situated on the median line on a level with the fourth costal cartilage; the anterior margin of the left lung, and the anterior margin of the right lung form, respectively, the right and left boundary, and below it is bounded by the stomach and the left lobe of the liver with the diaphragm intervening. You perceive that this space approximates to the figure of a right-angled triangle. The receding margin of the left lung forms the hypothenuse of the triangle, while the lower and right boundaries form the two sides of the right angle. The area of this space depends, of course, on the degree of expansion of the lungs. If I inflate the lungs, as I will do by means of the bellows attached to the trachea, to their fullest capacity, you see that the space is considerably diminished. This occurs, in the living body, when the lungs are expanded by deep inspiration; and it occurs, as I shall illustrate hereafter, when the lungs are permanently expanded in the disease called pulmonary emphysema. That portion of the anterior surface of the heart and pericardial sac which is covered by lung, is distinguished as the *deep cardiac space.* Observe that this space on the left side extends to about the situation of the nipple, and on the right side, from half an inch to an inch beyond the right margin of the sternum. The limits, on the right and left side, of the deep cardiac space, correspond to the situations of the right and left borders of the heart. These are points pertaining to the topographical relations of the heart which are to be recollected. I shall refer to them again, presently, in directing your attention to the living body.

I now open the pericardial sac and expose the heart itself to view. With its form, component parts, etc., I suppose you to be familiar. I wish only to direct your attention to its situation. The relations of its lateral borders have just been indicated. Vertically, it extends from the third to the sixth ribs. Its direction, as you see, is oblique. The point or apex corresponds to the fifth intercostal space, and its situation in relation to the *linea mammalis*, or a vertical line passing through the left nipple, on the one hand, and the median line on the other hand, is to be recollected. It is situated about an inch within the linea mammalis, and about three inches to the left of the median line.

There are a few remaining anatomical points, which I will ask you to observe. One point is, the smooth, polished appearance of the serous membrane, which lines the fibrous sac containing the heart, and invests the surface of the organ. I shall have occasion to refer to this in treating of pericarditis. Another point is, the attachment of the pericardial sac, not at the base of the heart, but to the large vessels two or more inches above the heart's base. Observe, the pericardial sac is wider at the lower than at the upper part. When spread out or distended, it occupies a pyramidal space, the base of which is below and the apex above, while the space occupied by the heart itself forms a triangle of which the base is above and the apex below. Observe, the heart is fixed only at the base, by means of the connexions of the vessels emerging from it, while the body and apex are free and movable. Observe, also, the two large arteries which spring from the base of the heart, viz. the pulmonic and the aorta. The relative situation of these is of importance with reference to certain physical signs. You see the pulmonic artery on the left side rising to the second rib, and the aorta on the other side rising nearly to the first rib in joining its arch.

These, gentlemen, are all the points relating to the topographical relations of the heart which I wish to bring before you preparatory to considering the diagnosis of enlargement, and, if you will now go with me to the hospital amphitheatre, we will leave the cadaver and direct our attention to the living body.

Recurring to the question, "How do we determine whether the heart be or be not enlarged?" I answer, we do it by means of physical signs. We employ physical exploration with reference to this affection, as in its application to all the diseases of the lungs and heart, for either a positive or a negative end. The positive end is the discovery of signs denoting the existence of the affection; the negative end consists in finding the phenomena of health, and therefore excluding the affection. Now, physical exploration enables us to determine during life that the situation of the heart, the space which it occupies, and its relations to the surrounding parts, are the same which we have just shown to exist in the body after death. We determine this chiefly by percussion, but auscultation may also be employed; the former is sufficient for all practical purposes. How do we employ percussion to determine the situation, size, and relations of the heart in health? In proceeding to answer this question, I shall introduce a person, supposed to be free from any thoracic disease, with the chest exposed.

When percussion is made on the chest of a healthy person, a sound is produced, which is known as the normal vesicular resonance. It is very important for you to become practically acquainted with the characters of this resonance, but the consideration of it pertains to the application of percussion to the pulmonary organs. I give you an example of this resonance as I now strike with my percussor the chest of the person before you. If I employ percussion over the portion of the chest which corresponds to the space occupied by the heart, known as the præcordia, the presence of this organ affects the resonance; it is diminished in degree, in other words there is dulness; it is altered in other respects, but it is sufficient to say that there is dulness. By means of this dulness, it is easy to determine and delineate on the chest the *superficial cardiac space* which you have just seen exhibited in the cadaver with the sternum removed. Commencing in the centre of the præcordia, as I now percuss, you perceive, at once, the dulness; it is well marked. I percuss lightly from the centre in every direction, and you perceive that this marked dulness is confined within certain limits. Let me ascertain those limits, and mark them with ink on the chest. Having done so, you see I have produced by my lines in ink a right-angled triangle. This figure incloses the *superficial cardiac space.* Observe its situation: the oblique line, or hypothenuse, extends from the middle of the sternum on a level with the cartilage of the fourth rib, to a point in the fifth intercostal space, about an inch within the *linea mammalis*, and at the latter point you perceive the beating of the heart. The sides of the right angle consist of a vertical line in the centre of the sternum, and a horizontal line corresponding to the lower boundary of the heart. This space is generally so easily determined, that the merest tyro in percussion is competent to delineate it.

Let us now see whether percussion will enable me to determine the boundaries of the *deep cardiac space*, or, in other words, the boundaries of the space which the whole of the heart occupies. Percussing from above downwards, and striking with more force than before, when I come to the third rib over and close to the sternum on either side, a change in the percussion sound is appreciable; dulness is apparent, although less marked than within the superficial cardiac space. This dulness over the third rib denotes the situation of the base of the heart. Next, I percuss from the left lateral surface of the chest towards the median line, and now as I have advanced a little within the nipple you perceive a change in the percussion-sound; there is slight dulness. This denotes the situation of the left border of the heart. Next, percussing from the right nipple towards the median line, at a point near the right border of the sternum, about half an inch from it, a similar change, or dulness, is observed. This denotes the situation of the right border of the heart. These points connected with the boundaries of the heart are all that are practically important; and we are now prepared to consider the application of percussion to determine the existence of enlargement of the heart.

When the heart becomes enlarged, the base of the organ being fixed, the situation of the latter is but little altered;

it may be unaffected, or raised a little above the third rib. The body and apex being free, the increased space which the heart occupies, consists chiefly in an extension downwards and laterally; and the lateral extension is more marked on the left than on the right side of the sternum. The enlargement is evidenced in the first place, by the altered situation of the point where the apex-beat of the heart is seen or felt; and here we call into use the methods of exploration called inspection and palpation. We seek for the apex-beat by the eye and touch, and, if the enlargement be but moderate, we shall find it simply carried to the left of its normal situation. We have seen that in health it is situated in the fifth intercostal space, about an inch within the *linea mammalis*, or three inches to the left of the median line. This situation varies somewhat within the limits of health, and occasionally we find it in the fourth, instead of the fifth, intercostal space. It is not unfrequently found in the fourth if the person examined lie on the back. A moderate degree of enlargement of the heart removes the apex-beat to the linea mammalis or somewhat without this line. If the enlargement be considerable or great, the apex-beat is removed still further to the left, and also more or less below the fifth intercostal space. It may be seen or felt, one, two, three, or even four inches beyond the line of the nipple, and it may be lowered to the sixth, seventh, or eighth intercostal space, the extent of deviation from its normal situation in both directions being proportionate, other things being equal, to the amount of enlargement. Attention to the situation of the apex-beat is, thus, one of the means of determining the existence and the extent of enlargement of the heart.

Another effect of enlargement of the heart is an increase of that area in which the organ is uncovered by lung, called the *superficial cardiac space*. The heart, in proportion as its volume becomes augmented, pushes away the anterior border of the left lung, and a larger portion of the pericardial sac is in immediate contact with the walls of the chest. The extent to which the superficial cardiac space becomes enlarged, is proportionate to the amount of the enlargement of the heart, and the former becomes an index of the latter. We have seen that the superficial cardiac space is easily determined by percussion, in health, and it is still more easily determined when the heart is enlarged; for, in proportion as the organ is uncovered by lung, the degree of dulness, as well as the extent of area, becomes greater. Having then ascertained the situation of the apex-beat, we next determine the area of the superficial cardiac space; and, for this end, it suffices to fix the situation of the oblique line, or the hypothenuse of the right-angled triangle which represents this space. We fix this line in a few moments, by percussion, and then complete the triangle. If the enlargement of the heart be considerable or great, we shall find this space increased to two, three, four, or even five times the area of health.

Lastly, we may determine the lateral boundaries of the heart; in other words, the width of the deep cardiac space. We do this precisely in the same way as in the examination of the healthy chest. We shall find the alteration in the percussion sound, or the dulness, on the left side, situated beyond the nipple half an inch, an inch, two or more inches, in proportion to the amount of cardiac enlargement. We must bear in mind here, the range of healthy variations. Generally, in health, the left border of the heart falls a little within the nipple, but in some persons it extends to the nipple, and sometimes a little distance beyond the nipple. If the border of the heart be a half inch beyond the nipple, there exists enlargement, certainly in the great majority of cases; and if it be one, two, or more inches without the nipple, the enlargement is considerable or great. On the right side of the sternum, the right border of the heart may be found to be more or less carried outward; but in the majority of cases, whether the cardiac enlargement be seated chiefly in the right or left ventricle, the lateral extension of the space which the heart occupies is especially on the left side of the sternum, and it suffices for ordinary practical purposes to determine the situation of the left border of the organ.

Having prepared ourselves with a clear apprehension of the points pertaining to the topographical relations of the heart, to which your attention has been directed in the early part of this lecture; having practised the application of percussion to determine the boundaries of the superficial cardiac space and of the deep cardiac space in health; recollecting the relations of these boundaries to the ribs, the linea mammalis and the median line, and bearing in mind the normal situation of the apex-beat of the heart, nothing can be more simple and easy than to determine, by the means just stated, whether the heart be or be not enlarged, and also to determine with sufficient precision for all practical purposes, the amount of enlargement. In conclusion, gentlemen, I shall introduce two patients affected with enlargement of the heart, and illustrate the application of physical exploration so far as concerns the existence of this affection in these cases.

Divesting the chest of one of these patients of clothing, we direct our attention, first, to the situation of the apex-beat, and it is easily seen and felt, and is situated, as you see, in the sixth intercostal space, about two inches without the linea mammalis, or three inches to the left of its normal position. We have, then, this evidence of a considerable amount of enlargement. Next, I will ascertain by percussion the area of the superficial cardiac space. I percuss from the point of the apex-beat in the direction obliquely upwards and to the right, and, as you see, it is easy enough to appreciate the line representing the limit of dulness. I mark this line with ink. You observe that at the median line it ends at a point where the upper part of the superficial cardiac space in health extends quite to the base of the heart, showing that the organ is uncovered of lung quite to its base. I now complete the triangle. And now I place, side by side, this patient and the person on whose chest the superficial cardiac space as it exists in health was delineated. You perceive that in the patient affected with enlargement of the heart, this space is at least four times as large as in the person with a healthy heart. I employ percussion to fix the situation of the left border of the heart. The change in the percussion sound enables me to do this readily, and I indicate the situation by an ink line. You see it falls at least two inches without, or to the left of the nipple. On the right side I determine the right border of the heart, and you see it falls about an inch without the right margin of the sternum. We have thus obtained, in a few moments, the evidence afforded by percussion, of considerable enlargement in this case, corroborating the evidence relating to the apex-beat which we previously obtained by inspection and palpation.

With regard to determining the area of the superficial cardiac space, I will here remark, that auscultation, as well as percussion, is available for this purpose. You are aware that in listening to the chest when a person speaks, a reverberation of the voice is communicated to the ear, called the *normal vocal resonance*. I cannot stop to describe this healthy sign, I shall do so in connexion with the consideration of the pulmonary signs. In persons who have naturally a well marked vocal resonance in health on the left side of the chest, the abrupt cessation or noticeable diminution of this resonance serves to denote the boundaries of the superficial cardiac space, both in health and in cases of enlargement of the heart. We may, in this way, corroborate the evidence of an increase of this space, obtained by percussion; but percussion alone is sufficiently conclusive, so that the additional evidence afforded by auscultation is hardly required. Auscultation of the respiration does not afford the same information as the voice, for the respiratory murmur is transmitted to some extent beyond the margins of the lungs, while the vocal resonance either ceases or is naturally diminished at the line to which the lung extends.

I now present the second patient with the chest exposed. In this case, the apex-beat is not so plainly seen or felt as in the other patient, but it is appreciable, and I indicate its situation by a cross in ink. You perceive it is situated nearly two inches without the left nipple, and in the sixth intercostal space. In the same manner I delineate the superficial cardiac space, and you see it is at least three times greater than in the person with the healthy chest. I fix the left border of the heart, and it falls nearly two inches to the left of the nipple. The right border of the heart falls a little further without the right margin of the sternum, than in health.

I must defer until my next lecture, the consideration of other points connected with the subject of enlargement of the heart.

Original Communications.

REMARKS ON ALBUMINURIA,

MADE BEFORE THE NEW YORK ACADEMY OF MEDICINE.

By A. CLARK, M.D.,

PROF. OF PRACTICE AND PATHOLOGY.

(*Continued from* p. 148.)

I HAVE before me a tabular view of the condition of the urine of one hundred persons suffering from Bright's disease in its various forms seen in private practice. In looking over the list, I am able to testify to the habits of the patients from personal acquaintance in twenty-nine of the cases. Of these, twenty-six were strictly temperate in the use of alcoholic drinks, and many of them were absolutely abstinent. Only three were addicted to excess in the use of them. There is then a large number of cases in which Bright's disease is not secondary, nor can it be ascribed to use of alcoholic drinks, to recognisable errors of diet, or to any unusual exposure to cold. In other words, there are many cases, the cause or causes of which are unknown. Here, it seems to me, is for the present our field of study. As I have said, our knowledge of symptoms and of lesions far exceeds that of causes, and taught by the history of the kidney affection induced by scarlet fever and pregnancy, we are able to assert that the incurableness of the disease does not depend on disorganization of the kidneys even mainly, for this, within certain limits, we see recovered from, but upon our inability to appreciate and remove the cause, till the system is fatally poisoned.

I propose now to describe the pathological anatomy of Bright's disease a little more fully and connectedly than I have yet done. I have already said that, as I understand it, there are really but two leading distinctions—the large kidney, often white or whitish, and the contracted kidney, sometimes hobnail, and that even this distinction does not imply cardinal differences in the diseased action. This statement will, I think, be very apparent when we come to study the organs by the aid of the microscope. To get definitely before the mind the different appearances in the two principal forms, I call attention again to these colored drawings, which are portraits of the kidneys which are described in the manuscript so often referred to. In this large kidney which weighed twelve ounces, the surface is smooth and uniform. The color hardly differs at all from that of the bloodless skin of the cadaver, except where the vessels are unusually abundant. The vascularity is entirely unnatural. We no longer see that fine reticulation of the capillaries which maps out the little lobules no larger than a pin's head, on the surface of a healthy kidney when it is full of blood, or in one that has been successfully injected, but the vessels have arranged themselves in new forms. There are clusters of vessels assuming a stellate apparance, or they are arborescent. There are from thirty to fifty of these clusters in this specimen almost wholly stellate, on each half of the kidney, some well marked, others imperfectly formed. The capsule is represented as turned down towards the pelvis and held off by hooks, to show that it had not quite its natural transparency, and that it was sufficiently adherent to tear off with it some of the vessels of the surface. These the artist has painted as fragmentary and irregular.

This second figure on the same sheet, shows the appearance of the interior of the organ when bisected in the direction of its length. It is of a dull yellowish white color, not variegated or mottled, as diseased kidneys often are, but quite uniform, except in the parts occupied by the pyramids or tubular portions. These pyramids have undergone an important change. No one of them has the definite outline or boundary that belongs to them in health. They are partially obliterated, and the thinned relics straggle about variously in the cortical or secreting structure, terminating in rays which fade away in the surrounding tissues. The borders of the pyramids do not approach nearer to the surface of the organ than usual; on the contrary, the cortical portion seems to be rather thicker than usual, or, in other words, it seems to have partaken of the general hypertrophy. The vascularity of this section is hardly to be seen. With the exception of a few red lines in the remains of the tubular portion, and some short thick ones which penetrate from the surface a small fraction of an inch towards the pelvis, scarcely a vessel is visible.

Here is another sheet on which are painted two views, the exterior and interior of another large white kidney. This resembles the one first described in its main features. The color is not so dull. The yellow tint is a little more marked and a little brighter; still, where the vascularity is not considerable, it has the same cadaveric color. The vessels are much more abundant on the external surface and on the external border of the section. But there is a marked difference in the arrangement of the vessels on the surface. There are half a dozen spots where there is a little clustering, but there is nothing of the stellate or of the arborescent appearance. The surface is covered with red dots, and little veins a line or two in length, having mostly a zigzag course, their ends so buried in the tissue that they appear to begin in nothing and to end in nothing. Here and there some incomplete remains of the natural network can be traced. The tubular portions are of a brighter color than in the other specimen, because they contain, as the whole organ does, more blood; still their proportions seem to be dwarfed, probably on account of the hypertrophy of the other parts, and their outer borders are diffused and fade away in the cortical portion just as they are seen to do in the other figures.

Here again, a third sheet gives us the exterior and interior of another kidney that is enlarged, though only moderately. Its weight was about seven and a half ounces. It is evidently the seat of the same variety of disease that we have seen in the other figures, but the appearances are in some respects quite different. The vascularity, like that of the last, is only beginning to undergo the change which was so marked in the drawing first shown. The vessels show themselves on the surface in short irregular lines, and even where most congested (for in two or three spots it is even ecchymotic) there are no traceable remains of the normal network. At several different points three to five little vessels radiate a line or so from a common centre, indicating the tendency to the stellate arrangement. The vessels of the section are only indistinctly visible, and do not seem to have undergone any characteristic change. But the appearance which distinguishes this kidney from the others is a mottled condition, produced by an infinite number of distinct grey or yellowish grey miliary grains, not unlike small tubercles, visible upon the surface, but more conspicuous on the section. These opaque grains appear to be set in a bluish or olive grey, half translucent, watery tissue, which constitutes the substance of the kidney, and are of irregular shape, though most of them are more or less rounded. The nature of these grains will be referred to hereafter. For the present, it is sufficient to say, that each of them represents a condition, which, when it becomes general, constitutes the uniform dull opaque grey or yellowish white, which is so marked in the two very large kidneys already described. Three other things are noticeable in this kidney. The pyramids are not spread out and diffused at their borders by the infiltration of adventitious matter as in other specimens, but have their usual compact appearance, and their definite outline. They preserve their dark red color, and contrast very strikingly with the mottled yellowish grey of the secreting portion, everywhere. Second: Though the whole kidney is larger than natural, there is a marked reduction in the thickness of its cortical layer, so that the borders of some of the pyramids almost touch the external surface of the organ. The thickness of the layer outside the pyramids is at one spot less than a line, and its greatest depth is no more than two and a half lines, while in health it should be from three to five lines. This appearance, a very common one in the small and medium sized kidneys, is not very uncommon in those moderately enlarged, and is one of the accidents of the fibrous degeneration. When I come to sum up the evidence in support of the proposition that "the different states of the organ represent modifications in the diseased action," and not different diseases, I shall desire that this drawing be well remembered, showing as it does that the large white kidney (for this is demonstrably of that class, though the changes are not yet complete), has also the distinctive mark of the fibrous disease. Third: It should be noticed that the lining membrane of the pelvis of the kidney is nearly opaque, instead of being semi-transparent, as it is in the healthy organ. This condition belongs to the pelvic membrane of the specimen last described, and the vessels are unusually distinct upon it, but nothing of the kind can be seen in the first. This fact will also be called up again hereafter.

Here is a fourth sheet, showing also the external and internal appearance of a kidney gravely diseased. It will be seen that in its leading characteristics it is almost a copy of the last. It contains more blood, but its vessels have the same distribution, appearing as points, or short irregular lines, or sometimes here and there forming little v's or n's, and, in a very few instances, still showing a single mesh of the natural network. It is dotted or mottled all over on the external surface with the same light grey or whitish spots, so conspicuous in the last specimen; but its section is almost as white as the paper on which it is painted, except the red spots left by the injected vessels, the whitish spots being no longer visible. The pyramids are compact and definite in their form, and nowhere leave more than a line of space between their borders and the external surface for the cortical layer, while one of them actually leaves no appreciable space, but seems to touch the surface. The pelvic membrane is white and opaque on its inner aspect, and quite vascular in its outer. But *this kidney is diminished in size, weighing less than four ounces, the contraction being chiefly in the inferior half*, so that the organ has something of a pear shape. The portion above the centre of the pelvis is at least twice as large as the portion below that line. Here then is a kidney in which the white degeneration and the fibrous contraction are both most singularly manifest. It is a rare specimen, but none the less instructive on that account.

On this fifth sheet is a similar figure, that exhibits an additional point of interest. The kidney, as will be seen, is not much above the natural size. It is a white kidney. The vessels have the same appearance as in that last described, except that one stellated group has been formed, and the beginnings of several more can be seen. The exterior is well dotted over with the opaque greyish-white grains, while the body of the organ is white. But the striking feature is the occurrence in this white kidney of serous cysts, varying in dimensions from the size of a very small shot to that of a large pea. These cysts belong not to the large white, but to the contracted or fibrous kidney. Here then again the lesions of the two forms are instructively blended.

On this sixth sheet are the views of a kidney not far from the natural size, perhaps a little larger, which has become pretty uniformly of a yellowish white in the interior, except as the color is changed by a considerable degree of congestion. The pyramids, by their expanded borders, extend almost to the external surface, and towards their apices they are pale. The organ, like that on sheet No. 4, is markedly contracted at one of its extremities. Scattered over the section can be seen a few small serous cysts, and on the external surface a few white or greyish white grains which have not yet blended. In these respects it resembles specimens already shown. Its striking feature is its vascularity. It is sufficiently injected with blood to leave every vessel visible that is large enough to be seen by the naked eye. The capillaries form thousands of minute meshes over the whole surface, each embracing a minute portion of the structure called a lobule. I engaged the artist to lay in every visible vessel, and he has done it with great labor and extraordinary faithfulness. Here then we have again the mixed lesions, some of them considerably advanced, while the vascular system of the organ has undergone no change, but the accidental one of congestion, which renders every vessel distinct to the eye in its proper place.

This seventh figure represents the kidney of a person who died six weeks after showing the first signs of illness. He had œdema, smoky and albuminous urine, and casts. The kidney is of normal size. The section is of a yellowish red color. But an inspection of the exterior, or of the cut surface, can hardly discover anything unnatural. The interior halves of the pyramids, however, are pale, and approaching the apices they are almost white. The cortical portion is of natural thickness, and altogether it would pass for a healthy kidney. But both the fibrous and the granular degenerations have begun in it as the microscopical examination fully shows. I call attention to this specimen for the sake of saying that in a large number of cases in which the kidneys are so diseased as to leave the blood loaded with urea, charge the urine with albumen, and produce most manifest symptoms of Bright's disease, a post-mortem examination discloses nothing to the unassisted eye which can with any confidence be called disease.

In this series of views we are able to study the extreme changes of the large white kidney; to mark the several steps by which that extreme lesion is reached; and, at the same time, to assure ourselves that the conditions necessary to produce this kind of disease do not exclude the conditions, which, acting alone, would produce the contracted kidney. The concurrence of these conditions is frequently met with.

(*To be Continued.*)

NEGLECTED CASES.

By CHARLES F. TAYLOR, M.D.

OF NEW YORK.

INFANTILE PARALYSIS.

I HAVE chosen the term, "neglected cases," in order to express, and if possible to impress a fact. No one, I think, is ready to admit that the term is too strong a one who takes the trouble to count the number of persons he will meet with an arm "withered" and useless, or a feeble shortened leg, which is lengthened out by a cork-sole or iron elongation. These embrace *only one* class of neglected cases, that of *infantile paralysis*. The sum of the information obtained from the books with regard to the *treatment* of these cases is very meagre; and the consequence is, that these individuals during perhaps ten or twenty years, have received very little, if any treatment. Who will undertake to treat a patient with a limb paralysed in childhood, and twenty years after "withered" and nearly useless? And yet, it can be shown that nine-tenths of these cases are capable of great amelioration at almost any stage of the disease; and if taken within the first half dozen years a large proportion may be absolutely cured! Infantile paralysis should be regarded as a distinct disease, requiring an independent classification. It is as distinct from all other forms of paralysis, as the paralysis caused by an apoplectic class is from that caused by syphilitic meningitis. That this distinction may appear in a clearer light, it may be well to look at some of the phenomena attending other forms of paralysis.

It is an interesting and important fact, that the kind or quality of muscular contraction always corresponds with the peculiar state of the nervous centres from which the innervation emanates; one form of diseased condition causing one peculiarity in the action of the muscles, and another form of disease producing another kind of muscular action. That is, the *product* of the functional manifestation of any organ is as the organ itself; and hence reveals more or less distinctly the condition of that organ. This physiological law is perhaps more emphatically true of the brain or spinal cord than of a gland or muscle. And, as we analyse the urine, the *product* of the function of the kidneys, in order to ascertain the nature and extent of the disease affecting these organs; so we may with equal propriety and greater facility analyse the product of innervation, muscular contraction, in order to find out the nature and extent of the disease of the brain or spinal cord. And as we find that the various abnormal products found in the urine bear a close correspondence to certain diseases of the kidneys; so do the various abnormal actions of the muscles as closely relate to the peculiar diseases capable of producing the paralysis with which they are affected.

An individual in the daily habit of *handling* paralysed limbs, soon acquires a delicacy of appreciating kinds and qualities of muscular action and conditions, which alone is almost sufficient for diagnostic purposes. The actual *force* of a muscle, as a means of diagnosis, is of no value whatever; but it is the *kind* of force—the impression left on the resisting hand, which it is important to appreciate.

To illustrate: If there be several springs made of steel, board, rubber, brass, etc., and in form, elliptic, spiral, long, short, etc., but each capable of resisting exactly ten pounds, it is not difficult to see, that while the actual resistance of all these would be the same, viz. ten pounds, each, when bent, would yield to the bevel an impression peculiar to itself, characteristic of its material form. And so does a muscle reveal the quality of the force which causes its action. Of course, we see the same exhibition on a larger scale but in a cruder manner, in the natural movements of the individual. Thus every one is familiar with the peculiar half-swinging, half-jerking walk of an individual, hemiplegic from an apoplectic clot in the brain. After the attack, before repairs of the injured brain substance have progressed to any considerable extent—that is, during a space of time often extending over several months, there seems to be a partial or complete annihilation of nervous, and consequently of muscular force. But after repair has well begun, and the cicatrix begins to contract, we have also contraction of the muscles from irritation; the flexors towards the extremities, generally, overcoming the extensors; causing the ankle to turn outward, the fingers to contract with the hands, the forearm to bend across the stomach, etc. A characteristic of this paralysis is, that each movement takes place after a perceptible interval of effort; and also the muscles relieve the effects of the stimulus thus imparted to them for a considerable time after the effort has ceased; but the muscular contraction itself may be, and generally is, quite strong. Only it does not commence and leave off at the proper moment. After a little trial, the muscles come more and more under the control of the will, and exercise always helps such a patient.

We see another paralytic with an entirely different gait, but equally characteristic. As he walks, the toes drop and "scuff" along the floor: it is a peculiar tread; the knees, instead of being forced far back, so that the posterior ligaments hold them like a hinge, the weight being supported on the ends of the thigh and leg bones with little or no aid from the muscles, as is the case in apoplectic paralysis, are unusually flexed, the weight being supported by the muscles, which, yielding a little as the weight of the body comes on them, give a peculiar motion at each step. An effort of the patient corrects all these symptoms; but it lasts for a moment only, he must wait awhile before the effort can be repeated with equal success. Bend a knee or an elbow and the resistance will be strong to begin with, but the force seems to pass out like water from a bladder pressed in the hands, leaving nothing behind. These are some of the muscular symptoms of softening of the brain, and be they ever so slight I have found them incurable.

Another patient passes along, who walks as though his legs were springs of steel and moved by pulleys. Up and down they go with a sudden jerk, after each strong pull of their owner. The knees incline to knock together; the legs are drawn violently inwards, instead of swinging outwards as in apoplectic paralysis. Indeed, he walks as though he were constantly trying to "walk a crack." The muscles are in an unceasing state of irritation. Contraction is so incessant as to be actually painful. That man has lived too fast. Wine and women have been his ruin. He has had syphilis—perhaps many years ago; but the virus has seized on the spinal cord and produced inflammation of its membranes. Exercise rather increases than diminishes the irritation.

Another form of paralysis has these symptoms: The patient—always a gentleman—in the first stages walks with nothing striking in his gait except a trifling tremulousness, and he looks before he steps; his muscles act well and strongly, obeying the will not tardily but a little too quickly, and he cannot tell where his legs are when a movement is made with his eyes closed; he complains of a singular sensation, or rather *want* of natural sensation in his legs. And it is curious that in these cases the loss of sensation precedes the loss of motion—an exception to the ordinary course in paralysis. It sometimes happens that these cases are annoyed by fugitive, transient, and stinging pains in the affected parts, like electric shocks. This is a paralysis peculiar to business men—I never met it anywhere else—men who for years have had large pecuniary responsibilities on them, ships at sea on long voyages, or business requiring great pecuniary foresightedness. The organs of the nervous system are actually worn out by the constant drain and unending strain to which they have been subjected.

These cases are adduced for illustration, and it is not my purpose to speak of their treatment; but I wish to add a caution the non-observance of which I have seen cause great alarm. Do not advise a man, with the symptoms last enumerated, to "take exercise." He is exhausted already; and *any* exercise, mental or physical, will only add an extra strain to his already overtaxed nervous system. Let him keep very quiet and live well, but, above all, stop business immediately. And let me say further, in passing, that the three last forms of paralysis are never benefited by any kind of exercise. It is cases of the *interruption* of nervous supply, not the *destruction* of it, which show such remarkable improvement from a treatment by exercise. And thus we might keep on through every form of cerebral or spinal affection capable of producing paralysis, and we should find that the manifestation of muscular force must depend entirely on the existence of nervous force, and that the latter is affected by the disease affecting the organ generating it. Why should infantile paralysis—so called—be an exception to this physiological rule? We have infantile apoplexy producing symptoms identical with adult apoplexy. Indeed I have seen several cases of intra-uterine apoplexy, where children were born with hemiplegia. And paralysis arising from inflammation of the brain or spinal cord is frequent in children. In such cases the phenomena are in no wise different from that produced in adults, except, of course, the better chance they have for recovery. It is perhaps unnecessary to state that infancy and youth always favor speedy repair; that all effusions, be they of blood, serum, or fibrine, are readily and rapidly absorbed.

In that form of paralysis now under consideration which occurs most frequently in children of a tender age—there is no evidence whatever, so far as the action of the muscles is concerned, of any organic lesion in the brain or spinal cord. In these cases, if we analyse the product of innervation—muscular action—we find it normal in all things except quantity; the abnormal qualities, so prominent in all other forms of paralysis, being entirely wanting. The innervation is absent or feeble, but not diseased. Must we infer, then, that infantile paralysis exists without a lesion? There seems no escape from this conclusion. Such cases seldom die, and the opportunities for post-mortem examinations are very few indeed. But this very fact—the non-fatal character of the disease—would seem to exclude the fountains of nervous force from probable participation in the disease. But what has caused this great loss of nervous power? This is an interesting physiological question, but one not incapable of satisfactory solution. The history of these cases is nearly identical one with another. The attacks generally occur during the first dentition, or between six months and two years old—but a larger proportion between the ages of eight and fourteen months—and almost invariably in delicate children; not necessarily sickly children, but children of feeble powers of endurance. In the large majority of cases the child has some alimentary disturbance, prolonged till the system has become exhausted. During this period it is discovered that a side or an extremity is paralysed. Most frequently there are few or no unusual symptoms ushering in the attack, and there is nothing to mark the precise period of time when the paralysis took place. Not uncommonly there are convulsions or febrile symptoms, but not sufficiently often or with sufficiently marked connexion with the paralysis to suppose them a part of it. Besides, it as often happens that it is an arm alone, without any affection of the leg, or the leg alone, without affection of the arm; conditions which could not happen if the paralysis had a cerebral or spinal origin, except we suppose only the roots, the nerves beyond the cord, to be affected—a very uncommon occurrence. Again, we have different parts of the same member affected by different degrees of paralysis. As, for instance, the upper portion of the arm, especially the deltoid, while the hand and fingers remain comparatively sound; or it often happens that the arm and shoulder, including the deltoid, may be unaffected, and the hand utterly useless. In some cases it is the flexors of the arm which are mostly paralysed, but in others it is the extensors. The same is true of the wrist and hand. If one set of muscles more generally retain and other sets more generally lose a greater amount of force, it seems to depend on other conditions than the paralysing cause; which, if it resided in the brain or spinal cord, ought to and does affect all portions in a given radius alike. With regard to the unequal distribution of the paralysis, we find a curious illustration in paraplegia. In all cases of paraplegia which have come under my observation, the relatively weak and strong muscles alternate, on the same leg and on each leg. That is, if the extensors are weak on one leg, they will be relatively strong on the other; while the flexors will be strong on the first and weak on the other; and so on, alternating to the very toes.

But what is the pathology of this affection? Infantile paralysis is wholly peripheric, and seems to be caused by *a conservative effort of nature*, while under great nervous depression, *to save the whole by abandoning a part.* Under certain circumstances, it seems to be necessary temporarily to withdraw the stimulus of the nervous system from an extremity, that more central and vital organs may not fail. So that the child, instead of dying from exhaustion, recovers with a paralysed limb; or, more properly, recovers except the paralysed limb. But when the nervous stimulus is even temporarily withdrawn from a part, there immediately takes place a deterioration in the conducting power of the nervous tracts and of the irritability of the muscles—for every function is kept up by its exercise;—and this condition of things is relatively increased by a corresponding exaltation of nervous and muscular power in all other portions of the system. For it almost invariably happens that *the general health is improved* after the paralysis, instead of being enfeebled, as is the case in other forms of paralysis, and as should be the case if there were disease of the brain or spinal cord. Certainly, in no instance have I found that the paralysis had produced any permanent disturbance of the general functions. This relative disproportion of innervation and muscular action once set up between different parts of the body, is kept up and propagated continually as the *habit* of the system. Thus we have very little improvement after the first few weeks of reaction. The instinct of the individual to do whatever is to be done in the easiest manner, makes him use the better parts and members with the same readiness with which he avoids the affected ones. And so there is no point where this state of things can be easily interrupted. Thus the atrophy of the paralysed member and the development of the rest of the body continue indefinitely.

(*To be Continued.*)

SOME OF THE EFFECTS OF TOBACCO.

By P. J. FARNSWORTH, M.D.,

OF LYONS, IOWA.

MR. L——, aged 35, a plasterer by trade, called at my office Dec. 12, 1861, complaining of sore throat, together with partial anæsthesia of his fingers, toes, and end of his tongue. According to the statement he made to me, he had always been regular and temperate in his habits. He had a wife and four children. He was rather thin, and the noticeable feature about him was a partial anæmic or cachectic look. His appetite was good. As the numbness was not troublesome I thought it might be temporary, and did not at that time attempt any treatment. There was redness of the fauces, and a slight enlargement of the tonsils, for which I used a topical application of a weak solution of nitrate of silver. Dec. 20th he came again to the office for another application to the throat, complaining still more of the numbness. I was then led to make a more careful examination of his case, with a view to find some definite cause for these nervous phenomena. I could find no tenderness, either superficial or deep-seated. He had never been troubled with headache, had had no pain in the lumbar region. There was something in his look that suggested Bright's disease, and I accordingly examined the urine rigidly, but found nothing abnormal. I gave him some simple bitters, with a preparation of iron, and a blister to apply to the spine, between the shoulders, commencing the treatment with a dose of compound cathartic pills.

Jan. 1st, 1862, L—— was brought to the office, having previously been able to walk (the distance of five miles). Now the ride was too much for his strength. The numbness was increasing, his appetite was also somewhat inordinate, and the tendency to constipation, which previously existed, had increased; he had also lost flesh. I again examined the urine without detecting anything. Thinking it might be a miasmatic poisoning, ordered three grains of quinine three times a day, together with a laxative pill to be taken every night. On the 12th of January I was sent for, as his strength had failed, and he was confined to the house. At this time I asked a neighboring practitioner to visit him in consultation. The numbness now seemed pretty general; his eyesight was somewhat affected. The heart beat somewhat irregularly, with a slight anæmic murmur. The tongue was slightly coated. The generative organs were participating in the general weakness; had no erections or sexual desires. Gave him tinct. fer. mur. gutt. x. three times a day, and agreed to the reapplication of the blister to the spine.

I called Jan. 15th, and found the patient in bed, very much dejected, and *smoking*. Having heard us discuss the propriety of blistering, he had applied the blisters to the whole spine, and to the hips. He felt them but little, and was scarcely conscious of their presence, but they had produced an immense drain on the system, and he had failed very fast. I questioned him now about his smoking, and found that he had considered it so small a matter as not to mention it, but that for several years he had smoked the coarsest kind of tobacco in the foulest kind of a pipe, during all his waking hours. On further examination into his case, I was convinced that it was one of poisoning by nicotine. The want of feeling was now general; the motor powers were active enough; he could hold his knife in his hand firmly when his eyes were directly on it, but if he looked away the knife dropped. He walked with difficulty, because he must needs look where his feet fell, as he could not feel them touch the ground. I advised him to stop his smoking at once, and ordered an ounce of brandy and potass. iod. gr. v. three times a day, friction to the surface, and a Dover's powder at night; as he had become very wakeful.

On the third day after I found the patient somewhat improved, but now alarmed at the quantity and quality of his urine; it was very highly charged with a red sediment, which proved to be urea, urate of ammonia, and triple phosphates; with a distinct odor of nicotine. The Dover's powder acted as a diaphoretic, conjoined with the friction; and he complained of a fetid sweat. His wife said that now he had discarded the pipe, the fumes of it were exuding through his skin. Continued the brandy and the potass iod. and gave him tinct. fer. mur. gutt. xx. three times a day. On the 22d inst. I found the patient improving, the urine becoming more natural, but the perspiration was profuse at night, having the same nicotine odor. Sensibility did not return as fast as the strength; he was obliged to use his reason about cold and heat, and in regard to taking food. Cold was scarcely felt, and but little taste was left. Even his exercise had to be regulated by his judgment, and not by his feelings. I continued the tinct. fer. mur. and the potass iod., giving an occasional dose of sulph. magnesia, to move the bowels.

Jan. 29.—The patient still improving, the numbness going off in the same manner that it had come on—passing downwards towards the extremities. I continued the iron, ordered a nourishing diet, the bathing every evening with friction, and an occasional Dover powder.

From that time until March he continued to improve, the numbness having passed to the ends of the fingers and toes, and the end of the tongue. He was then able to walk the five miles to see me; the waxy look had passed off; and the look of health returned. At this time, for experiment sake, he tried to smoke a cigar. It produced nausea and all the feelings that tobacco does to a novice; together with a return of the numbness of the fingers, and a smarting of the fauces.

I consider this as an illustration of the effects of the slow introduction of tobacco poison into the system. I have been unable to find any such effect ascribed to it in any work I have at hand. Dr. Prout, quoted by Pereira, says, "It disorders the assimilating functions in general; but particularly, as I believe, the assimilation, of the saccharine principle. I have never indeed been able to trace the development of oxalic acid to the use of tobacco; but that some analogous and equally poisonous principle (probably of an acid nature) is generated in certain individuals by its abuse, is evident from the cachectic looks, and from the darkened, often greenish-yellow tint of their blood."

Pereira says, "I am not acquainted with any well-ascertained ill effects resulting from the habitual use of smoking."

He is probably a lover of the "weed" himself, or had not made close observation of the smokers around him, for it is my opinion that scarcely one in five but that is injured by tobacco. It acts as a nervous sedative or depressant, causing an exhausted feeling at the stomach, and I have good reason to suppose that smoking is the great cause of the universal dyspepsia with which we are troubled.

It sometimes produces tremor of the nerves, and in many cases, instead of being a temporary sedative, destroys the tone of the nerves and produces languor and fretfulness, and often effects like those above described, though not in every case in so marked a degree. In a majority of smokers and chewers of tobacco, it acts like a violent poison, which it is, introduced slowly.

Progress of Medical Science.

NEW SYMPTOM OF SCARLATINA.

M. Bouchut (*Gaz. des Hôp.*) mentioned to his class a diagnostic symptom which he had never found fail to enable him to distinguish scarlatina from any other exanthem, and the knowledge of which may prove of utility in doubtful cases. "It is the disappearance of the eruption for a minute or two under the influence of slight friction. If with the point of the finger or the nail we trace a line, this becomes and remains for a minute or two white amidst the surrounding redness of the skin. We can, so to say, write the diagnosis of the affection on the skin, as in the present case, in which the word 'scarlatina,' traced by a bit of wood, became in a few seconds designed in white letters, which remained quite distinctly visible for about two minutes. This is due to the exaggeration of the contractility of the capillaries induced by the friction temporarily expelling the blood from their interior. Nothing of the sort is observed in measles, erysipelas, or other cutaneous eruptions, in which the half-paralysed capillaries possess but little contractility. We can in these by pressure drive out the blood from the capillaries, and produce a white spot, but this is a purely mechanical action, and as soon as the pressure is removed the redness reappears."—*Med. Times and Gaz.*

THE TREATMENT OF PNEUMONIA BY THE SUPPORTING PLAN.

Dr. J. Hughes Bennett of Edinburgh gives in the *British American Journal* the results of one hundred and fifty carefully recorded cases of pneumonia, treated by him during the last fourteen years. About eighteen years ago Dr. Bennett first began to doubt the propriety of the antiphlogistic treatment, for the following reasons: "In the first place, the cause of the inflammation is an irritation of the textures—of the ultimate molecules of the part—in consequence of which their vital power of selection is destroyed, and that of their attraction is increased. The removal of blood by venesection cannot alter this state of matters, neither can other lowering remedies. If the inflammation be superficial and limited, local bleeding may relieve the congestion, as in conjunctivitis; but, if exudation have occurred, it cannot remove that. In the second place, an exudation or true inflammation having occurred, it can only be absorbed by undergoing cell-transformation. Now this demands vital force or strength, and is arrested by weakness. Inflammations in healthy men rapidly go through their natural course; in weak persons, they are delayed or arrested; hence their fatality. In the third place, the strong pulse, fever, and increased flow of blood in the neighborhood of inflamed parts, have been wrongly interpreted by practitioners. They are the results, and not the causes, of inflammation, and show that the economy is actively at work repairing the injury. So far, therefore, from being interfered with and interrupted, they should be supported by nutrients. It follows, fourthly, that if these views be correct, the true treatment of inflammation should be directed towards bringing the disease to a favorable conclusion by supporting rather than diminishing the vital strength of the economy; and this not by over-stimulating, as was done by Dr. Todd, but simply by attending to all those circumstances which restore the nutritive processes to a healthy condition." By a reference to statistics he shows that the rate of mortality of this disease is proportionate to the amount of antiphlogistic treatment which it has been subject to, ranging from 1 in 3 to 1 in 13. In his one hundred and five cases, however, only three deaths occurred, making a ratio of 1 in 35. Of the three deaths, all were complicated cases, one of intestinal ulceration, one of Bright's disease, and one a drunkard with delirium tremens and cerebral meningitis. The difference in the result of treatment he cannot ascribe to any alteration in the type of the disease from what it formerly was, but to the advances which have been made in physiology and pathology, and he desires no better proof of the truth of that fact than in the diminished mortality that everywhere now accompanies attacks of acute inflammations. His practice is directed "to support the strength of the economy, never to weaken it in any stage by antiphlogistics; although, if dyspnœa be urgent, cupping, or a small bleeding, may be practised as a palliative, more especially in bronchial or cardiac complications. During the febrile excitement, mild salines are administered. On the fourth or fifth day, when the pain has abated, good beef-tea and nutrients are administered; and, on the pulse becoming soft or weak, from four to eight ounces of wine daily. As the period of crisis approaches, slight diuretics are given, to favor the excretory process." In conclusion he states the following facts.

"1. That simple pneumonia, if treated so as to support instead of lower the nutritive processes, so far from being a fatal disease, invariably recovers.

"2. That the cause of mortality in these cases is exhaustion, either before they come under medical supervision, or, as formerly practised, from an antiphlogistic or lowering treatment. All bleedings that do not exhaust must be regarded as palliative, rather than as curative; and their influence has yet to be determined with exactitude.

"3. That the same rule applies to all inflammations; the amount of danger being in direct ratio to the weakness of the system and the existence of complications in other viscera, or from blood-poisoning."

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, June 11, 1862.

DR. T. C. FINNELL, PRESIDENT, IN THE CHAIR.

(Continued from page 177.)

DISTENDED CYST ABOVE THE BLADDER, AND CONNECTED WITH IT.

DR. SAYRE exhibited a bladder distended in its upper portion, into a cyst measuring longitudinally twenty-six inches, transversely twenty-five inches in circumference, taken from a man 63 years old, who had suffered many months past with disease of his kidneys; his urine containing albumen and pus with the usual casts. He had œdema of the lower extremities to such extent as to require the recumbent posture for the last two months; the œdema gradually subsided subsequently—there was gradual distension of the abdomen. His attending physician presuming it was ascites, his respiration becoming seriously interfered with, I was called some two weeks ago to perform paracentesis. I found him lying upon his side, turned over almost on his face, with very short and hurried respiration. Pulse 140, intermittent and very feeble. Very anxious countenance, speaking with great difficulty. I made my arrangements for the operation. On raising his shirt for puncturing the abdomen, my attention was immediately arrested by the peculiar form of the abdominal tumor which was projecting from above the umbilicus, very prominently forward and downward, very like a woman in the last month of pregnancy. But the lateral regions of the abdomen were very much drawn in and flattened, more narrow than what was normal, made so by this anterior distension, which I took to be a tumor in connexion with the bladder. Fluctuation was very distinctly felt as in ascites. But from the peculiar shape of the abdomen, I was satisfied that the fluid was in the bladder, and not within the peritoneal cavity. Therefore, I refused to operate. Upon questioning him, I found he could pass his water at will with some force in a stream; but for some time when asleep, it came from him guttatim without his knowledge. Upon introducing a catheter, a little more than two quarts of a milky, turbid fluid was drawn off, producing a proportionate diminution of the tumor. A large tumor still remained fluctuating as before, and upon moderate pressure a few ounces of fluid of the same character were passed off. Suddenly the fluid ceased to run. Thinking the eye of the catheter was obstructed, it was withdrawn to be cleaned. It was found pervious, and was again introduced, when on gentle pressure on the abdomen, several ounces more of the fluid were passed off, when it suddenly stopped, and no effort I could make could remove any more of the fluid.

The patient died that night. The post-mortem was made twenty-four hours after by Dr. Prince. The bladder was injected to its utmost capacity, and a string tied around the penis to retain it. The abdomen then presented the same size and shape as when I first saw it, which being so peculiar, I had a plaster cast taken of it. On a section of the body, the lungs were found perfectly healthy. The peritoneal cavity contained an unusually small quantity of serum. The principal contents of the abdominal cavity was the tumor now presented.

Dr. Sayre then opened the cyst before the society, found it unilocular; there were five and a half pints of fluid in it. On introducing a sound into the bladder, he could not pass it through to the cyst; the connexion was supposed to be valvular. Dr. Prince, in his examination, passed a probe through the valvular connexion. Dr. Sayre considered that the cyst was produced by ulceration of the inner coats of the bladder, the external resisting, therefore, this cyst was thus formed. There was no muscular fibre about the cyst?

DR. PRINCE, in connexion with the case, stated that the patient was very much emaciated, with a protuberant abdomen, similar to that of a woman in the seventh month of pregnancy. Upon opening the abdominal cavity, the omentum first appeared to be absent, but on careful examination was found to be adherent to the superior and posterior portions of the tumor. In fact, the whole contents of the abdominal cavity were strongly adherent to each other, so that it was impossible to separate the tumor from the intestines without the use of the scalpel; and wherever the contents came into contact with the peritoneal surface, it was adherent. The remarkable feature of the contents of the abdominal cavity was the total absence of all adipose tissue. The kidneys were in their usual position, rather larger than usual, the cortical portion soft, granular, friable. The pelves were very much enlarged, obliterating the medullary portion to a great extent, and filled with the same peculiar fluid as that of the tumor presented. In connexion with the right kidney was an abscess which was connected with the pelvis, containing about ℥ iv. of fluid, similar to that in the pelvis. The tubuli uriniferi were very much enlarged. The ureters were about the size of the little finger. Upon turning out the contents of the abdomen, we found the tumor in connexion with the bladder as presented. The liver was soft and easily broken up; in other respects natural.

The history of the case is as follows:—Twenty years ago he was kicked in the abdomen by a horse, and thrown some ten or twelve feet, remaining insensible for some half hour or more. He dates the difficulty of the kidneys from this accident. He was not particularly inconvenienced by the disease of the kidneys until about two years since, when œdema of the lower extremities made its appearance. The urine at times was thick, and copious white sediment was found in the bottom of the vessels, which continued until his death. About ten years since a fistula in ano made its appearance, which continued till within six months of his decease, when the track closed. Whereupon his symptoms were very much aggravated, the œdema of the lower extremities increased very rapidly, the discharge of sediment in the urine increased to an alarming extent, with addition of blood, at the same time several small abscesses made their appearance about the nates and lower extremities, which I opened. At the same time I passed a narrow-bladed instrument along the track of the fistula to open it, but with very imperfect success. The appetite was very variable, debility increased, he being at the time mostly confined to the house. As the œdema of the lower extremities decreased, the protuberance of the abdomen increased, and it was consequently considered a transfer of serous exudation from the lower extremities to the abdominal cavity. As the fluid increased in the abdominal cavity, his symptoms were greatly aggravated, dyspnœa was a prominent symptom, nausea and occasional vomiting interfered materially with his comfort and prolongation of life. He was regular and abstemious in his life.

Dr. Krackowizer suggested that the cyst might be a hydatid of the bladder.

STRANGULATED HERNIA (SCROTAL).

Dr. Finnell presented a specimen of strangulated hernia taken from a man aged 50 years, who died recently in St. Vincent's Hospital. The patient had been afflicted with congenital hernia from infancy, but by means of a truss he was able to retain his rupture without much inconvenience. Slight strangulation took place on several occasions, but on resuming the recumbent posture and making moderate pressure, the tumor soon disappeared. The day before his admission to the hospital, the hernia again became strangulated, and all attempts on the part of the patient to relieve himself entirely failed. When I first saw him, the evidences of severe strangulation were very apparent, and the necessity of an operation was very decided. Chloroform was at once administered, and an incision made in the length of the tumor. After the division of several layers of old fibrous tissue, a transparent sac was at length brought into view; it was opened and found to contain about two ounces of clear serum without any intestine.

A dissection being made in another part of the tumor a second sac was found, which contained omentum. A third sac was at length found, which contained the strangulated intestine, and a quantity of bloody fluid. The stricture was next divided, the parts returned, and the patient placed in bed. No reaction took place; he gradually sank, and died twenty-four hours after the operation.

Dr. Sayre asked the experience of the Society, in regard to the frequency of femoral hernia in the male. Dr. Buck answered, that he occasionally met with it.

Dr. Buck related a case of strangulated femoral hernia of a female, occurring lately in St. Luke's Hospital, whom Dr. Peters operated upon, which was somewhat similar to the one Dr. Finnell had; the tissues were adherent, and injected; a cyst was encountered containing bloody serum, the true sac contained only omentum, which had been so injured that, anticipating sloughing and its deleterious effects, it was removed.

Dr. Sayre stated, that he had three cases of strangulated hernia that he had operated upon within the past eleven days. 1st. A man, aged 60 years, who had had scrotal hernia for forty years. When first called to him, found he had a large scrotal hernia that he was unable to reduce. The patient had no vomiting. Diagnosed it omental. He told the patient of his danger, and the necessity of an immediate operation, to which he would not consent. In a few days, the patient having changed his mind, Dr. S. was again sent for. He operated in his usual manner, viz. by pinching up the integument, with all the layers down to the sac, and then making an incision from the sac outwards. He found the omentum so injured by strangulation, that he advised its removal. He was overruled, on consulting with the surgeons present, and then returned it into the abdomen. In a few days he died from prostration. Autopsy revealed a sphacelous state of the omentum. 2d. A female, with strangulated femoral hernia, whom he operated upon. Was doing well to the fifth day, when an erysipelatous state about the wound was noticed. On making an opening, there was a discharge of pus. By placing her in an invalid's chair in a semi-recumbent position, and by proper treatment, she recovered in six weeks satisfactorily without peritonitis. 3d. A young man, a Spaniard, with strangulated femoral hernia, about the size of a black walnut. His first case in the male. By his mode of operation, he opened down to the sac at once, and by snipping the edges of the ring, was enabled to reduce it readily. The patient recovered rapidly. He called at the office of Dr. S. one week after the operation.

The Society then adjourned.

American Medical Times.

SATURDAY, OCTOBER 4, 1862.

MEDICAL EXAMINATION OF CONSCRIPTS.

The medical examination of conscripts is about to present a novel duty to the profession. The examinations of recruits has thus far been confined to those who desired to enter the service, and who consequently concealed or made light of their disabilities. But it is presumed that the conscript wishes to escape service, and to do so, feigns disease, or occasionally maims himself. The latter examination is much more difficult than the former, involving often the nicest discrimination of appearances, and the most careful study of symptoms made conspicuous but without an adequate cause. All the most recent methods of investigation must be applied, and oftentimes with much more skill than in ordinary examinations.

The feigning of disease by conscripts has long been practised, and most governments have passed stringent laws relating to it. Charondas, among the Greeks, punished those who employed stratagem to avoid going to war, by exposure in the dress of women on a scaffold for three days. In the Roman State conscripts often maimed themselves. Some cut off their thumbs (*pollice trunci*, poltroons), as has already been practised in Connecticut. But they were still compelled to serve. Theodosius ordained that two maimed conscripts furnished by a district should count only as one efficient recruit in the prescribed levy. Constantine ordered that persons self-mutilated should be branded, and still retained in service. Other emperors punished persons who maimed themselves to avoid serving in the campaigns of the Republic still more severely, and Augustus even put some to death. In modern times, persons endeavoring to escape service by feigning disease or disabling themselves, have been sentenced to imprisonment, to receive corporal punishment, or have been compelled to serve in the army for life.

To determine the nature of the complaint of the conscript, whether true or feigned, it early became necessary to call in the services of physicians. And it is not very creditable to our profession to find in subsequent legislation evidences of the connivance of the examining surgeon with the recruit to effect the exemption of the latter. In the *Code de la Conscription* is a regulation to this effect:—"Officers of health and others, convicted of having given a false certificate of infirmities or disabilities, or of having received presents or gratifications, were to be punished by not less than one or more than two years' imprisonment, or by a fine of not less than 300 or more than 1000 francs." In 1818 it was ordered by the French Government that medical officers who were proved to be accomplices of persons endeavoring to escape service when called upon, should be imprisoned from two months to two years, besides being fined 200 to 2000 francs. Still later, the surgeon who gave false certificates for liberation or exemption from the public service, should be punished with from two to five years' imprisonment, and if he accepted bribes and promises the penalty was banishment. Other governments have found it necessary, and we acknowledge the fact with shame, to introduce a clause punishing more or less severely the delinquent medical examiner of conscripts.

The severe European wars of the early part of this century, and the frequent conscriptions that were made, added so many to the exempts from disability that the fact arrested public attention. More thorough investigation was made into the character of the diseases of those claiming exemption, when it was found that vast numbers were simulated or self-inflicted. This led to a more systematic study of feigned diseases, and the subject became one of great public importance, for upon it often depended the integrity of the army. During the last quarter of a century, great advances have been made in establishing upon correct principles the proper interpretation of feigned diseases. This is seen in the comparison of the French conscription with recent investigations. From 1800 to 1810 every available man was pressed into the service of the French army, and yet, in every one thousand rejections, there were found, idiots 8, deaf 17, short-sighted 58, stammerers 9, epileptics 21, diseased eyes 121, pulmonary affections 169. Recent examinations show for one thousand rejections, idiots 5, deaf 2, stammerers 3, epilepsy 1, diseased eyes 63, pulmonary affections 7. It is proper to infer that the balance in conscription were feigned diseases or defects which the examiner could not detect.

The diseases which conscripts feign are found to embrace the whole category of human ailments. Ludicrous as was the scene at the bar of Jupiter when all the sick and maimed of the earth came forward to exchange diseases, it will be surpassed by the concourse of disabled which will throng the examiner's office. Hundreds who have always been regarded by their intimate friends as sound in "wind and limb" will now be found to be hopeless asthmatics and confirmed cripples. Many heads have become grey from the neglect of hair tonic, and many eyes have fallen from their sockets, leaving sad evidences of the insidious workings of age and disease. Every physician must have noticed the increase among his male patients of hernia, varicocele, varices, distressing coughs, and evidences of hereditary insanity, epilepsy, apoplexy, etc. To discriminate between the false and true will require great experience, care, and skill, in the diagnosis of disease. While it is of the greatest importance to detect the impostor and hold him to strict accountability, it is not the less important to the public service, and but common justice to the individual, that the genuinely disabled should be exempt. If the latter is pressed into the army he becomes at once an incumbrance. He may endure the slight fatigue of the camp, and become a well drilled soldier, but the first exposure or fatiguing march sends him to the hospital, an invalid for the remainder of his term of enlistment.

The medical examination of persons claiming exemption from service under the present draft, and alleging disability, will be a most responsible duty. It will require on the part of the examiners, to properly discharge their duty, not only honesty and integrity of purpose, but a large experience in the practical study of disease. A distinguished medical author has very justly remarked: "It is obvious that the more we know of disease by reading and observation, the more patience and temper we possess, the more successful shall we be in the detection of imposture." A writer on this subject has given his opinion, "that the wiles of soldiers in hospitals will be more certainly discovered by those who have an accurate knowledge of disease, obtained from clinical observation and pathological writings of authority, than by those possessing natural sagacity in the highest degree, if unassisted by a habit of carefully contemplating and studying disease." The Chief of the army medical department of the Prussian army states, "that a knowledge and experience greater than is generally believed, along with an acquaintance with anatomy, physiology, and pathology, is especially required to decide upon the health and general efficiency of recruits, and to distinguish between defects that may be real from those that are only feigned." We hope the very best men in the profession will be selected by the State authorities to perform this public service. Massachusetts has already set an example worthy of imitation. Among the examiners appointed we recognise the most distinguished medical men. If her example is followed the service will be an honor to our profession.

THE WEEK.

It is surprising what indifference our authorities manifest to the deficiencies in the provision for the wounded in the field. Early in the war we urged the formation of an efficient ambulance corps, a most important provision for the succor of the wounded in modern warfare where projectiles are so unerring. No civilized nation is now without this corps attached to its armies; even the rebels have a special organization of this kind, and each member has on his cap the title "Ambulance Corps." But we still adhere to the old system, and either disgracefully leave our wounded on the field, or, whenever a man falls, two comrades carry him to the rear. The result is that the wounded are, at best, indifferently cared for, and the effective strength of the army is greatly reduced in an engagement. The late battles so painfully demonstrate the absolute loss of life due to the absence of proper transportation that it is impossible for the proper authorities longer to refuse this most important organization. Surgeon-General Hammond, in his efforts to render the medical branch of the army effective, has used every means to form an ambulance corps, but his efforts have proved unavailing by the opposition of higher authorities. Dr. Agnew, of the Sanitary Commission, estimates the loss of life in the recent battle at Antietam, due solely to want of proper transportation, at five hundred! Such wanton, reckless waste of human life will not be tolerated by the people, and the proper reform will now be instituted.

The Sanitary Commission contemplate establishing a Directory which will contain the names of all the sick in the military hospitals, with the name of the hospital in which each individual is located. This will be constantly revised so as to make it possible for any one applying to learn the location of a friend at once, to be informed of the particular hospital in which he is placed. This will involve an immense amount of details, but if successfully accomplished, it will give great satisfaction to the public, and save much suspense and heartburning. We learn that DR. GEO. H. TUCKER, of this city, is engaged in perfecting the plan. It could fall into no abler hands.

AN apparatus has recently been contrived by Alois Peteler, of New Brighton, Staten Island, for the more thorough ventilation of ships and hospitals. The principle of its construction is simple, and we see no reason why it should not meet the designs of its inventor. Besides mere ventilation by the pumping out of air from a hold or room, the temperature can be lowered to any desirable degree. This is accomplished by forcing the air by means of an arrangement through a spiral channel surrounded by pounded ice. Some time since we had occasion to make some remarks upon the bad health of our seamen as due to the lack of ventilation and the heat of our iron-clads. Mr. Peteler's apparatus promises to remove, if not entirely, at least in a great measure, the objections we urged against such a style of vessel. We hope a fair trial will be made of its utility.

WE shall be able in future, through the kindness of gentlemen connected with the Assistant-Surgeon-General's office at St. Louis, to keep our readers informed of all the doings of that department of the new Medical Bureau. Although of comparatively recent organization, it has already, under the able management of Dr. R. C. Wood, exerted an immense influence over the whole department of the West. An account of some of its operations may be seen under the proper heading.

OUR next issue will be the STUDENTS' NUMBER, and will contain an account of all the Medical Colleges throughout the North, besides other matters of interest. Some of the schools have closed since last year, and others have failed to send us catalogues, but we have spared no pains to make note of all changes that have come to our knowledge.

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MEDICINAL PROPERTIES OF WILD THYME.—M. Joset states, that by the simple administration of an infusion of wild thyme, slightly sweetened and mixed with gum, he has observed the improvement and even the cure, as if by enchantment, of cases of hooping-cough, taken indifferently at all the periods of the disease. The same was the case in stridulous sore throat, and in convulsive and catarrhal coughs. In the worst cases of hooping-cough the pathognomonic paroxysms, although they did not entirely disappear at the end of a few days, became so much modified in their character, that the disease resolved itself into a case of simple bronchitis, which was easily treated. These remarkable cures, so rapidly effected, and obtained only by the administration of wild thyme, have led M. Joset to look upon this plant as a sovereign remedy, and in some degree a specific one, in the affections of the air-passages. The employment of this plant is not a novelty, for it was formerly recommended very extensively in the treatment of obstinate coughs, and it enters into the formation of some popular powders and syrups. M. Joset advises it to be given in the form of a concentrated infusion, slightly sweetened, to be taken in any quantity which the patient can drink, and until the desired effect is produced. The favorable result has generally ensued at the end of a very few days.—*Brit. and For. Med.-Chir. Rev.*

Reviews.

A PRACTICAL GUIDE TO THE STUDY OF THE DISEASES OF THE EYE, their Medical and Surgical Treatment. By HENRY W. WILLIAMS, M.D., Fellow of the Massachusetts Medical Society, Honorary Fellow of the Rhode Island Medical Society, Member of the American Medical Association, etc. Boston: Ticknor and Fields. 1862. 12mo. Pp. 318.

THE task that our author has here imposed on himself is one indeed difficult of fulfilment. Since, thanks to the investigations and discoveries of the last ten years, our knowledge of the nature and treatment of diseases of the eye has been, in many important respects, completely revolutionized; a convenient text-book that would embrace, within moderate limits, the results of the more important investigations of the new school, at the same time retaining what was really of value among the teachings of the old, has been a desideratum in the medical literature of our own, as of every other, language.

Dr. Williams has presented, in a form adapted to the comprehension of any student, a resumé of the more patent, and, till of late, best understood affections of the eye. The descriptions of disease are good, the treatment in many instances judicious, in others doubtful. The general opinion of the present day has not pronounced in favor of the exclusive use of the sulphate of copper for the treatment of granulations, or mild astringents in gonorrhœal ophthalmia, nor has nitrate of silver been generally discarded in ophthalmia neonatorum. The local application of calomel in phlyctenular conjunctivitis would hardly be stigmatised by our author as a mode of treatment "worthy of veterinary surgery," were he aware that it is fully endorsed and practised by many of the leading authorities of the present day. Bowman's method of treating obstructions of the lachrymal duct embraces the slitting up of the canaliculus from end to end as a necessary preliminary, and seems to be misunderstood by Dr. Williams, who counsels the mere enlargement of the punctum. A similar misapprehension, and one calculated to lead the individual following it into grave error, is evinced in the remarks on the treatment of conical cornea, where it is said that, in the operation recommended by Bowman in these cases, "the edge of the pupil is drawn through and allowed to form adhesions with a small puncture of the cornea." On the contrary it is that part of the iris, midway between its free and its ciliary edge, that is seized and drawn through the wound; thus leaving the entire circumference of the original pupil in the anterior chamber. And, while the remarks of the author on the constant and unremitting use of mydriatics in iritis are eminently proper and judicious, his doctrine of the absolute proscription of mercury is one that has found little favor among oculists either at home or abroad.

The chapter on affections of the crystalline lens is elementary and intelligible. We think that, in the remarks on extraction, the advantages of making the corneal section upwards are overrated, and are somewhat surprised to find a rather minute description of the now obsolete operation for breaking up the lens through the sclerotic. We know not how strongly to insist on the principle that the operation of reclination or couching, recommended by the author to "surgeons of small experience," is unscientific in theory and dangerous in practice; and, in view of the recent improvements in the linear and flap operations for extraction, wholly unjustifiable at the present day. We are happy in being able to state that the leading surgeons of our own city in this department have followed the example of their European brethren in discarding this operation.

In the chapter on operations for artificial pupil, we are met by the statement that this operation is "not to be advised where the other eye is still healthy, as more embarrassment would arise from the want of harmony in the two eyes, than benefit in the amount of vision obtained in the eye operated on." We had supposed this antique objection set at rest, not only by the observations of Desmarres, who earnestly combats the view expressed by the author, but by the writings of Graefe, who gives as the result of his very considerable experience, that, in many cases, common vision of the two eyes is retained; and, where this is not the case, the general advantages of an enlargement of the field of vision, and an increased acuteness of perception, are still secured.

The chapter on glaucoma is incomplete and unsatisfactory. Very little stress is laid on the premonitory symptoms, the two most weighty of which—increasing presbyopia and arterial pulsation—are not even alluded to. That the end and object of iridectomy, as applied to this disease, is wholly misunderstood, is evident from the statement gravely made that this operation is performed "with a view of affording free communication between the posterior and anterior chambers," a communication that already exists. The operation of Nunnely, referred to in the text as one of the methods that may be employed, is one that has met with little or no favor either in the country of its origin or amongst us, where we believe we may claim the surgical treatment of glaucoma in its various forms to have been very thoroughly tested. And we cannot, in this connexion, forbear expressing our unqualified reprobation of the advice, given by Dr. Williams, to essay in this disease "measures for the improvement of the health of the patient" before proceeding to operative interference. We had supposed the conviction universal of the utter hopelessness of any but surgical treatment in this affection, and of the extreme importance of its prompt application.

A very brief description of the ophthalmoscope is given early in the work, and a still more hasty notice of ophthalmoscopic diseases and appearances occurs in later chapters. In our judgment no treatise on the eye, however elementary its design, should be wanting in at least an attempt to do justice to so important a subject. And that it is practical, as well as important, a single instance may serve to illustrate. It has been observed that, in many cases of well marked near-sightedness, a white crescent or patch may be found partially or wholly surrounding the entrance of the optic nerve as seen with the ophthalmoscope. As the near-sightedness increases this patch is observed to grow larger and larger; smaller isolated spots of a kindred nature make their appearance on other portions of the fundus of the eye; and finally, if injudicious use of the eyes has pushed the myopia to its utmost, separation of the retina from the choroid and secondary cataract condemn the unhappy patient to irremediable blindness. This affection is an atrophy of the choroid, inflammatory in its nature, progressive in its tendency, of common occurrence, and amenable to treatment. Take the case now of a myopic student who comes to us and inquires whether the state of his eyes will allow him to continue his studies, or whether he can only preserve useful vision by avoiding books and a sedentary life. One glance with the ophthalmoscope settles the question. It shows us whether this affection is present, whether it is—in the case before us—progressive, enables us to establish a sure prognosis, and to recommend appropriate treatment. Had the invention of Helmholtz accomplished nothing else, this alone would entitle it to our lasting gratitude. We regret to say that, in the book before us, the affection in question receives no allusion.

The chapters on affections of the adaptive powers of the eye, and on the choice of glasses, need no notice from us here. They are but a resumé of the good old conventional theories on this subject; theories that were dominant before the application of the exact sciences to this department of medicine, and which have quietly died away before the investigations of Helmholtz, Cramer, and Donders. They are still, however, of interest in an historical point of view.

It is with feelings of sincere regret that we have felt ourselves constrained to pen so wholesale a criticism. But a careful and dispassionate perusal has left us no alternative; and we have felt that we could not, without a protest, let this book take its rank in our American medical literature as an exponent of modern ophthalmology.

Army Medical Intelligence.

NEW MEDICAL BUREAU.

It is known that a branch of the Medical Bureau of the Army has recently been established in St. Louis. Colonel R. C. Wood, U.S.A., Assistant Surgeon-General, has charge of its organization and administration. The jurisdiction of the new bureau extends over the following States: Michigan, Illinois, Indiana, Wisconsin, Kentucky, Tennessee, Alabama, Mississippi, and all States west of the Mississippi river. Colonel Wood's Staff consists of the following officers of the Regular Army: Surgeon Joseph B. Brown, late Medical Director of Keyes and Franklin's Corps d'Armée, a position which he filled with unusual ability through the campaign on the Peninsula, and Assistant Surgeons H. M. Sprague, and B. E. Fryer; the former having seen much service with the Army of the Mississippi, and the latter having recently been in charge of the "Mount Pleasant" and "Stone" Hospitals, Washington, D. C. There are also attached to the Department the following Medical Inspectors: Lieut. Colonel C. C. Keeney, U.S.A., Lieut. Colonel G. H. Lyman, U S.A., and Lieut. Colonel G. T. Allen, U.S.A. The Assistant Surgeon-General has recently returned from a tour of inspection to Corinth and other points in the south and south-west, having previously inspected the Hospitals at Chicago, and Quincy, Illinois, and Keokuk, Iowa.

Lieut. Colonel Keeney having inspected the camps and hospitals in Illinois, is now extending his tour to Fort Snelling and the Upper Mississippi. Lieut. Colonel G. H. Lyman is inspecting the hospitals and camps in Kentucky and Tennessee, while Lieut. Colonel Allen, having visited the hospitals and camps in Mississippi and Alabama, will repair to Helena, Arkansas, for the same purpose.

INSPECTION OF GENERAL HOSPITALS OF THE ARMY.

The following letter, addressed to certain of our most distinguished surgeons throughout the country, will sufficiently explain itself.

Office of the U. S. Sanitary Commission,
498 Broadway, New York, September 24, 1862.

Sir:—The Sanitary Commission propose to commence on the —— of October, a special inspection of the General Hospitals of the Army.

These are forty-seven in number, in the District of Columbia alone, and perhaps as many more in all other parts of the country; they contain, at this time, not less than 50,000 sick and wounded.

As this proposed service is additional to the duties of this nature heretofore performed by the Commission, and is for a higher purpose, they wish to secure the assistance of the best medical and surgical ability in the country for the work—as none but men of established position and character are able to carry the moral weight and influence with the Army Surgeons, essential to the practical success of this effort to secure the highest standard of professional excellence in the management of Military Hospitals.

The Commission propose to keep six inspectors constantly employed east and west, and to accept the services of such as can serve not less than a fortnight, whilst they ask no service for more than one month. The most they can offer the profession in the way of remuneration is $250 per month.

The scheme of this inspection is for the six months ending May 1st, 1863.

You are respectfully requested to designate before the —— October, when the books will close, the period, if any, for which you are willing to serve, and the precise date when you can most conveniently render the service. The Commission will, however, consider it a special favor if you will allow them to designate the time when your services will be most acceptable. If you can serve for two terms of a fortnight each, at an interval of three months, please to state. For the Western hospitals a month's service would be preferred.

The Commission is anxious that this duty shall be undertaken with the earnest and unselfish purpose of securing for our sick and wounded soldiers thorough and able hospital treatment by the detection and removal of all defects in administration or professional care susceptible of remedy or improvement.

Full instructions as to the form of the report required will be furnished at the proper time.

By order of the Executive Committee.

Very respectfully, your obedient servants,
W. H. Van Buren, M. D.
C. R. Agnew, M. D.
Wolcott Gibbs, M. D.

Correspondence.

DOMESTIC CORRESPONDENCE.

[To the Editor of the American Medical Times.]

Sir:—Washington may be called "The City of Hospitals." There are, at this present moment, no less than forty-three military hospitals in and around this city, with an aggregate of nearly 20,000 patients. The location of so many hospitals at this point must be a matter of purely military necessity, for in some respects a more unfavorable locality could not have been selected. You will remember that Washington is situated in a basin, which admits of but imperfect drainage. It is in fact a malarial region. No attention whatever seems to be given to the cleanliness of the city; the streets are ankle-deep with mud in the winter and dust in the summer; the drains and alley-ways are foul with the decomposing animal and vegetable matter. But, to cap the climax of municipal neglect of sanitary regulations, an old canal, extending circuitously up into the heart of the city, and which is the receptacle of many of its sewers, is allowed to remain partially filled with decomposing sewage and other matter the hot summer through. No tide water disturbs this receptacle of all uncleanness, but throughout the hot summer and autumn months it sends up clouds of poisonous gases which are diffused unseen over this valley. I stood a few minutes upon a bridge at midday, and watched the bursting of the innumerable bubbles of gases upon the surface of its green and stagnant waters.

You will remember, also, that for nearly two years Washington and its suburbs have been the camping ground of hundreds of thousands of soldiers, infantry and cavalry. This latter fact is sufficient of itself to condemn any locality as a place for a hospital. The vast amount of refuse which accumulates around camps tends to render their neighborhood unfit for the habitation of men, and much more for the restoration of the sick.

These considerations lead me to fear that the mortality in the military hospitals will be great, perhaps unprecedented. If the emanations from sewage and decomposing animal matter are the producing cause of typhoid diseases, then typhoid must yet be a prevailing endemic disease in the hospitals of this district. And if the exciting cause of pyæmia is an atmosphere impregnated with the emanations from human excretions, and if, as Mr. Paget teaches, the best remedy for this dangerous surgical affection is pure and unadulterated air, then pyæmia must yet complicate most of the cases of wounds without the adequate remedy.

But there is a certain necessity in the location of so many hospitals here. It is the nearest point from most of the severe battles at which they could be established. It is also the centre to which converge all the medical and hospital supplies. Finally, it is the headquarters of the Medical Department of the army. In the selection of sites for the different hospitals it has been quite imposssible to consult only the sanitary interests involved. Vacant plots of ground had to be taken, and finally such churches as were of suitable construction for hospital purposes. Under these circumstances it seems to me that Surgeon-General Hammond has shown great discretion.

Grave complaints are made against the management of these institutions by the visitors from voluntary aid associations. They are, however, by no means always well founded, as I know from personal examination. Nor would it be surprising if mismanagement were the rule. It requires first rate executive ability, with a large amount of practical experience in hospital administration, to manage one of these institutions well from the first. But here are forty-three of those hospitals, averaging four or five hundred patients each, many of which were organized and filled in a day, and it is quite impossible to command a sufficient number of men with such qualifications to supply these places.

There are errors, however, in their management, and these the Surgeon-General is correcting with that promptness and decision which now characterize the administration of the medical department of the army. The people must be patient, and in due time we shall have a system of management introduced into all our military hospitals, which will render them the pride, rather than the opprobrium of the country.

At another time I shall give you some account of the individual hospitals.

The Medical Bureau is making herculean efforts to meet the immense demands made upon it. A single battle of a few hours renders it necessary to transport thousands of wounded many miles, to provide for their immediate wants, and establish hospitals for their future treatment. As far as human efforts can accomplish these ends in the shortest space of time, Surgeon-General Hammond does it, so far as his department is concerned. Before the late battle was over he personally visited the field, to superintend the arrangements for the care of the wounded. When we contrast the present energy of the Bureau with its past inefficiency, it should be a matter of public congratulation that it was reformed so early in the war, and a thoroughly competent officer placed at its head. But much as the department was improved by the late Act, it still needs greater independence and enlarged powers. As rank carries power, the grade of its officers should be raised; the Surgeon-in-Chief should be a Major-General, and every man in the medical staff should be promoted indefinitely according to merit on the field. The whole matter of caring for the wounded, transportation, etc., should be exclusively under the direction of the Medical Department. These reforms we hope yet to see made. During the absence of the Surgeon-General his official chair is occupied by Dr. Joseph R. Smith, U.S.A., formerly of New York State. Dr. Meredith Clymer, U.S.A., of Philadelphia, is at the head of a department devoted to volunteers.

The Sanitary Commission, which is the great arm of public charity, works most harmoniously in aid of the medical department. Every hospital is supplied with those articles of comfort for the sick which are not furnished by the Government, and in the pressing emergencies of the battle-field its agents are the first to raise the wounded men from the place where they fell, and administer stimulants and food. Its officers are energetic and untiring, and though but a voluntary organization it has all the order and method in the despatch of business that characterize the best directed branches of the public service. Its detail of office business is managed by Frederick Law Olmstead, Esq., the able Secretary, assisted by Mr. Knapp, and its Associate Secretaries Drs. J. F. Jenkins and J. H. Douglass.

Sept. 29, 1862.

PUBLICATIONS RECEIVED.

I. Cases in Surgery, Gunshot Wounds, Plural Births, etc. II. Operation for Fissure of the Palate, with the Results of 24 Cases. By J. Mason Warren, M.D., one of the surgeons to the Mass. General Hospital.

Proceedings of the Seventh Annual Convention of the Connecticut Medical Society, held at Bridgeport, May 28 and 29, 1862, pp. 80.

The Hospital Steward's Manual, for the Instruction of Hospital Stewards and Attendants in their several duties. By Joseph Janvier Woodward, M.D., Assist. Surg. U.S.A., Member of the Natural Sciences of Philadelphia. Pp. 324.

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METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 22d day of September to the 29th day of September, 1862.

Deaths.—Men, 88; women, 85; boys, 126; girls, 111; total, 410. Adults, 173; children, 237; males, 214; females, 196; colored, 5. Infants under two years of age, 175. Children born of native parents, 18; foreign, 159.

Among the causes of death we notice:—Apoplexy, 6; infantile convulsions, 27; croup, 12; diphtheria, 11; scarlet fever, 3; typhus and typhoid fevers, 14; consumption, 69; small-pox, 2; measles, 3; dropsy of head, 10; infantile marasmus, 43; cholera infantum, 31; inflammation of brain, 17; of bowels, 9; of lungs, 10; bronchitis, 2; congestion of brain, 3; of lungs, 4; erysipelas, 1; diarrhœa and dysentery, 20. 215 deaths occurred from acute diseases, and 33 from violent causes. 231 were native, and 179 foreign; of whom 81 came from Ireland; 48 died in the City Charities; of whom 13 were in Bellevue Hospital, and 3 died in the Immigrant Institution.

Abstract of the Atmospherical Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Sept. 1862	Barometer. Mean height.	Barometer. Daily range.	Temperature. Mean	Temperature. Min.	Temperature. Max.	Difference of dry and wet bulb. Thrm. Mean	Difference of dry and wet bulb. Thrm. Max.	Wind.	Mean amount of cloud.	Humidity Saturation, 1000
	In.	In.	°	°	°	°	°			
22d.	30.19	.04	64	71	57	10	15	N.W.	.04	437
23d.	30.17	.16	62	70	56	9	14	S.W.	1	528
24th.	30.00	.15	64	57	71	7	12	S.W.	8	610
25th.	30.08	.07	58	58	66	11	16	N.W.	.00	440
26th.	30.10	.07	58	47	70	13	20	N.W.	1	370
27th.	30.04	.08	62	00	72	9	15	S.W.	2	528
28th.	30.00	.10	66	63	70	5	6	N.E.	10	717

REMARKS.—22d, Fine day, with fresh wind. 23d, Fine. 24th, Mostly cloudy, rain at 4 P.M. of about ten minutes' duration. 25th and 26th, Very fine dry days. 27th, Cloudy P.M. 28th, Cloudy, light rain A.M.

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SPECIAL NOTICES.

New York County Medical Society.—*The Anniversary Meeting of this Society will be held at the College of Physicians and Surgeons, corner of Twenty-third Street and Fourth Avenue, on Monday next, 6th inst., at half-past* 7 *o'clock P.M.—Election of Officers for ensuing year to be held. Punctual attendance requested.*

New Sydenham Society Publications.—*The Secretary of the New Sydenham Society can furnish to members any or all of the volumes published by the Society for* 1859, 1860, *and* 1861, *and to those members who paid in their subscriptions in season to be received in London before the last invoice was made up, some of the volumes for* 1862 *will be delivered on application to* Dr. C. F. Heywood, 66 *West* 20*th St.*

Dr. Churchill's Hypophosphites.
PREVENTION AND CURE OF CONSUMPTION
A supply of these important medicines,
SYRUP OF HYPOPHOSPHITE OF SODA,
SYPUP OF HYPOPHOSPHITE OF LIME,
PILLS OF HYPOPHOSPHITE OF QUININE,
PILLS OF HYPOPHOSPHITE OF MANGANESE,
has arrived from Paris with directions for use. Persons suffering from chest affections can now procure the above preparations genuine, as used by Dr. Churchill.
Messrs. Hegeman & Co., Broadway, New York, Mr. F. Brown, corner of Fifth and Chestnut Streets, Philadelphia; Messrs. T. Metcalfe & Co., Boston; Messrs. J. T. Brown & Sons, 425 Washington Street, Boston.
Wholesale orders to be addressed to H. H. SWANN, Pharmacien, 12 rue Castiglione, Paris.

New York Eye Infirmary,
3D AVENUE AND 13TH STREET.
LECTURES for the coming winter will begin on WEDNESDAY, OCTOBER 22d. The Course will be made a complete resumé of
OPHTHALMIC MEDICINE AND SURGERY.
Lectures will be held on
MONDAY, WEDNESDAY, AND FRIDAY,
BY
DRS. C. R. AGNEW, AND HENRY D. NOYES.
The means of illustration by colored plates, optical apparatus, and morbid specimens, are ample.
The surgeons have concluded to issue a diploma to those who attend the Lectures and can pass a satisfactory examination.
Fee for Lectures, ... $10.00
Diploma Fee, ... 5.00
DEMONSTRATIONS OF THE
INTERNAL DISEASES OF THE EYE,
WITH THE OPHTHALMOSCOPE,
will be made during the Lectures, while a more complete acquaintance with these diseases can be had in a private class with Dr. Noyes.
THE CLINIQUES OF THE INFIRMARY,
ON
MONDAY, WEDNESDAY, AND FRIDAY,
are free to all medical men and students. More than 5,000 patients are treated annually.

New England Mutual Life Ins. Co.,
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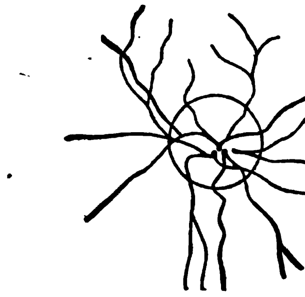
American Journal of Ophthalmology
JULIUS HOMBERGER, M.D., Editor.



No. 2, for September, just published.
Subscription Price for one year (six numbers), $2.00; sample numbers free.
BAILLIERE BROTHERS,
440 Broadway, New York.

To the Medical Profession.—Dr. I. Parigot has changed his residence and is prepared to receive a very limited number of patients in his country house at Hastings, on the Hudson; he can be consulted in town at Dr. Douglas' Office, No. 12 Clinton Place, on Tuesdays and Saturdays, for Nervous Diseases and Medico-Legal questions.

Appia (P. L.) The Ambulance Surgeon, or Practical Observations on Gunshot Wounds. 12mo. Edinburgh, 1862. $1.50.
Bailliere Brothers, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

On Diphtheria. By Edward Headlam Greenhow.

LAM GREENHOW. 1861. Pp. 160. Price, $1.25.

Our readers will find a very large amount of information in the twelve chapters of which the volume is made up. Perhaps, in the present state of our knowledge on the subject of this obscurely understood disease, little more can be said beyond what may here be found written down.—*London Medical Times and Gazette.*

We have only been able here to refer to certain of the more prominent facts concerning diphtheria; but we believe we have said enough to recommend this well-written treatise to the attention of the profession.—*British Medical Journal.*

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BOOKS
ON
MILITARY SURGERY
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440 BROADWAY.

JUST RECEIVED, COMPLETE COLLECTIONS OF THE ENGLISH GOVERNMENT REPORTS ON THE MILITARY MEDICAL DEPARTMENT.

Armand, Histoire Medico-Chirurgicale

cale de la Guerre de Crimée. 8vo. Paris. $2.10.

Baudens.—La Guerre de Crimee, les

Campements, les abris, les ambulances, les hopitaux, &c., &c. Second edition, 12mo. Paris, 1858. $1.

Bertheraud. Campagnes de Kabylie.

Histoire Medico-Chirurgicale des Expeditions de 1854, 1856, and 1857. 8vo. Paris, 1862. $2.10.

Boudin.—Resumes des dispositions

legales et reglementaires qui president aux operations medicales du recrutement, de la reforme et de la retraite dans l'armée de terre. 8vo. Paris. 60 cts.

Boudin.—Systeme des Ambulances

des Armées Francaises et Anglaises. 8vo. Paris. $1.00.

Cazalas. Maladies de l'Armee

d'Orient. Campagne de 1854–55–56. 8vo. Paris, 1860. $1.50.

Fraser. A Treatise upon Penetrating

Wounds of the Chest. 8vo. London, 1859. $2.00.

Guthrie.—Commentaries on the Surgery

GERY OF THE WAR IN PORTUGAL, SPAIN, FRANCE, and the NETHERLANDS. With Additions relating to the War in the Crimea. 8vo. London. $4.65.

Jacquot. Du Typhus de l'Armee

d'Orient. 8vo. Paris, 1858. $2.10.

Longmore (T.) A Treatise on Gunshot

WOUNDS. Philadelphia, 1862. 75 cts.

Tripler & Blackman.—Hand-Book for

THE MILITARY SURGEON. 12mo. Cincinnati. $1.

Notes on the Surgery of the War in

the Crimea, with Remarks on the Treatment of Gunshot Wounds. By GEORGE H. B. MACLEOD, M.D. Philadelphia, 1861. $1.50.

Outlines of Military Surgery. By

SIR GEORGE BALLINGALL, M.D. 5th edition, 8vo. London. Price $4.00.

Warlomont. L'Opthalmie Militaire

à l'Academie Royale de Medecine en Belgique. 8vo. Bruxelles. $2.40.

Williamson.—Notes on the Wounded

FROM THE MUTINY IN INDIA. With a Description of the Preparations of Gun-Shot Injuries contained in the Museum at Fort Pitt. 8vo. London. $4.80.

College of Physicians and Surgeons.

MEDICAL DEPARTMENT OF COLUMBIA COLLEGE.

Corner of Twenty-third Street and Fourth Avenue, New York.
Session of 1862–3.

EDWARD DELAFIELD, M.D., President, and Professor Emeritus of Obstetrics.
ALEXANDER H. STEVENS, M.D., LL.D., Professor Emeritus of Clinical Surgery.
JOHN TORREY, M.D., LL.D., Professor Emeritus of Chemistry and Botany.
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SAMUEL ST. JOHN, M.D., Professor of Chemistry.
THOS. M. MARKOE, M.D., Adjunct Professor of Surgery.
HENRY B. SANDS, M.D., Demonstrator of Anatomy.

The Preliminary Term for the Session of 1862–3 will commence on MONDAY, SEPTEMBER 22, and continue four weeks, until the opening of the Regular Term in October.

The Regular Term will commence on MONDAY, OCTOBER 20, and continue until the *second* Thursday of March, following.

Fees for a Full Course of Lectures, $105; Matriculation, $5; Graduation, $30.

SAMUEL ST. JOHN, M.D., *Secretary of the Faculty.*

Students of the College are admitted to *all the Clinical Instruction* given in the New York and Bellevue Hospitals on the same basis as heretofore. At the New York Hospital, Drs. Smith, Parker, and Markoe, and at the Bellevue Hospital, Drs. Parker and Clark, are members of the attending staffs.

New York Medical College and

CHARITY HOSPITAL. No. 90 East Thirteenth Street, near Fourth Avenue.

The next Annual Course of Lectures will commence on Monday, October 20, 1862, and will terminate in the early part of March, 1863.

FACULTY.

HORACE GREEN, M.D., LL.D., Emeritus Professor of Theory and Practice of Medicine.
JOHN M. CARNOCHAN, M.D., Professor of Clinical and Operative Surgery.
B. I. RAPHAEL, M.D., Professor of the Principles and Practice of Surgery.
CHARLES A. BUDD., M.D., Professor of the Theory and Practice of Midwifery.
A. JACOBI, M.D., Professor of Infantile Pathology and Therapeutics.
E. NOEGGERATH, M.D., Professor of Clinical Midwifery and Diseases of Women.
J. V. C. SMITH, M.D., Professor of Anatomy.
WM. F. HOLCOMB, M.D., Professor of Ophthalmic and Aural Surgery.
SAMUEL R. PERCY, M.D., Professor of Materia Medica and Therapeutics.
HENRY G. COX, M.D., Professor of Theory and Practice and Clinical Medicine.
CHARLES A. SEELY, Professor of Chemistry and Toxicology.
HON. JOHN H. ANTHON, A.M., Professor of Medical Jurisprudence.
———————— Professor of Physiology of Microscopic Anatomy.*
JAMES E. STEELE, M.D., Demonstrator of Anatomy and Curator of the Museum.
GEORGE WOOD JEWETT, M.D., Assistant to the Professor of Midwifery.
WM. BALSER, M.D., Assistant to the Professor of Infantile Pathology.
F. S. SNEADE, Janitor.

A preliminary term will commence on Monday, September 15th, and continue until the Regular term begins. This Course will be GRATIS to those students who intend taking a full winter Course, and will be as follows;—

On Amputations, by……………………………PROF. CARNOCHAN.
" Gunshot Wounds, by…………………………PROF. RAPHAEL.
" Pregnancy, by…………………………………PROF. BUDD.
" Diseases of the New Born, by………………PROF. JACOBI.
" Bandaging, by…………………………………PROF. HOLCOMB.
" Anatomy of the Regions, by…………………PROF. SMITH.

Material for dissection is abundant, and furnished to students at a mere nominal price.

Daily Clinics are held at the College.

Further information as to Lectures, Terms, etc., may be obtained by addressing

PROF. B. I. RAPHAEL, M.D.,
Dean of the Faculty, 91 Ninth Street.

* Prof. Browne having received the appointment of Brigade Surgeon, has resigned the chair of Physiology. The chair is now vacant, but will be filled before the commencement of the Course.

Illustrated manual of Operative Surgery

gery and Surgical Anatomy, by Drs. Bernard and Huette. Edited with notes and additions, and adapted to the use of the American Medical Student, by Drs. W. H. Van Buren and C. E. Isaacs. Illustrated with Steel Engravings, from drawings after nature. 8vo. Colored Plates, $15.00.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

American Medical Times.

SATURDAY, OCTOBER 11, 1862.

ADDRESS TO STUDENTS.

The claims of medicine as a life-pursuit are to-day being earnestly canvassed by more young men who are about to choose a profession, than at any other period in the history of this country. That crisis in our national affairs which has levelled all industrial pursuits, and which threatens to revolutionize our civil and social organizations, has given a strong upward impulse to the medical profession. The call for qualified medical men to enter the public service has been constant and urgent from the very commencement of this war; and that demand still continues to be made, and will continue until peace returns, and our military organizations are dissolved. Our civil war has thus opened a new field to the medical profession, and pressed into active and well rewarded service all its available talent.

In answer to the oft-repeated inquiry of students as to the advantages which the medical profession presents, we reply that they are increasing rather than diminishing. Within the last year Congress has authorized the addition to the medical staff of the regular army forty acting surgeons, and one hundred and twenty acting assistant-surgeons. In the same period, also, the enormous expansion of the army by the new levies, of itself has opened the way to the immediate employment of at least twelve hundred additional surgeons. But this is not the only source of demand for surgeons to the volunteer forces. By an Act of Congress a second assistant-surgeon is to be added to each regiment. Thus upwards of one thousand new positions were created. It may seem no difficult matter to fill these offices out of the ranks of a profession which is always full to repletion, but when we put each applicant to the test of a rigid examination as to his qualifications, it will be found no easy task to select the requisite number of qualified surgeons. The vacancies which this draft upon the profession will make in civil practice should not be lost sight of by those who intend to locate themselves immediately after graduation. Many a country town, affording a lucrative business to a competent physician, has been deprived of its medical practitioners, and now offers an inviting field to the recent graduate. But a new and perhaps still more important branch of army medical service is being developed, which will afford ample scope for the employment of all well qualified physicians. We refer to the military hospitals. These institutions are rapidly multiplying in all the different military districts, and the demand for qualified medical officers to manage them is becoming daily more imperative. The positions in these hospitals are, in every respect desirable to the young surgeon; he not only has an opportunity at once to engage in the practical duties of his profession, and under circumstances most favorable for improvement, but he is rewarded with an ample salary. This latter is no small consideration to many young men, and if husbanded frugally, will afford an income sufficient to meet the first embarrassing wants of private practice. The navy suddenly expanding from fifty to three or four hundred vessels of war, demands a contribution from the medical profession. This service offers a remuneration that must be satisfactory to every recent graduate. We have then only the most cheering response to make to the medical student who is prospecting his future advantages. There never was a period when there was a greater demand for first-rate medical men. They are required in the army, in military and civil hospitals, in the navy, and in the vacant places in civil practice. And these drafts upon the profession are daily and almost hourly increasing, and the exigencies of the times brook no delay. The battle of to-day makes scores of medical vacancies to-morrow, and if not promptly filled, suffering and death are the consequence. Let no one, therefore, who has entered upon his medical studies with a proper preliminary education, and honorable and conscientious motives, doubt that he is qualifying himself for urgent and most responsible duties.

As many, perhaps most, of those who are now entering the medical schools are designing to enter the army or navy, if the present draft upon the profession continues to the time of their graduation, we shall conclude with a word of advice especially directed to that class of students.

The student who is preparing to enter the regular army should thus early be informed that he has undertaken no mean or trivial task. It has long been understood that the Army Medical Examining Board annually sifts from the graduating medical classes the few grains of wheat, and gives the chaff back to the country. It is certain that the examination for the army has always been of a very searching and critical character, and that of the whole number of applicants not a tithe have been found duly qualified. It may be thought that the best class of graduates generally choose civil life, but this is scarcely true. The army almost invariably attracts the foremost members of each class, and its medical staff may be said to stand as a fair exponent of the medical talent of the country.

But the system of medical education in this country has enlarged its boundaries and become more thorough, corresponding to the progress of the medical sciences, and we are gratified to notice that the Medical Bureau has, under its new organization, also raised still higher its standard of qualification. We had hoped to be able to present an outline of the examination which the candidate is now required to pass, but must defer it to another occasion. It will suffice to say that, while liberal and just, it is of the most rigid character, and that no one who is not a thoroughly qualified student need entertain the hope that he will succeed in the examination. We do not make this statement to discourage, but rather to stimulate the student to the highest possible endeavor in the acquisition of knowledge while there is opportunity.

A much inferior standard of qualification is established by the different states for the volunteer corps. In some sections the medical examination offers no bar to an appointment to the staff. But such considerations will influence no high-minded student, ambitious of excelling in his profession, nor would he thereby be induced to relax his efforts to lay broad and deep the foundations of his future reputation. However our state authorities may trifle with or disregard the qualifications of the medical officers of its regiments, one fact is certain, that their duties are most important, and every student designing to undertake them should aim at the most thorough preparation.

The Medical Examining Board of the Navy is but little, if any, less exacting than the Army Board. But few, comparatively, of those who apply for admission, receive its sanction. The examination takes the same wide range of subjects as in the Army, and thoroughly tests the student's educational qualifications. Whoever, therefore, has resolved to enter the Navy as a surgeon, should determine to qualify himself in every branch of scientific and professional learning.

MEDICAL COLLEGES OF THE UNITED STATES.

Session 1862–'63.

In the number of the Medical Times for Oct. 13, 1860, we gave a catalogue of all the Medical Colleges in the United States. At that time they numbered about fifty. The meagre list which follows proves the havoc which civil war has produced among our institutions of learning. Of the present condition of the Southern schools we are entirely ignorant; probably there is not one in existence. Nor can we speak confidently of the Northern schools. Many have suffered severely from the loss of Southern patronage, while some have had their classes enlarged by the increase of Northern students.

CALIFORNIA.

UNIVERSITY OF THE PACIFIC.—MEDICAL DEPARTMENT.—SAN FRANCISCO.

A. J. Bowie, M.D., Prof. of Path. and Pract. Med.
Isaac Rowell, M.D., Prof. of Chemistry.
L. C. Lane, M.D., Prof. of Physiology.
E. S. Cooper, M.D., Prof. of Anatomy and Surgery.
Henry Gibbons, M.D., Prof. of Mat. Med.
Hon. Geo. Barstow, Prof. of Med. Jurisprud.
S. B. Cole, M.D., Prof. of Obstet.

The fifth regular annual course will commence on the first Monday in November, and continue eighteen weeks; clinical lectures will also be given on Wednesday and Saturday of each week.

Graduation.—The Examinations will be so arranged as to permit the Commencement for conferring Degrees to be held early in March. The candidate must be of good moral character, and at least twenty-one years of age. He must have attended two full courses of lectures in some regular and recognised medical school, one of which shall have been in this college, and he must exhibit his tickets or other sufficient evidence thereof to the Dean of the Faculty. He must have studied medicine for not less than three years, and attended at least one course of clinical instruction in an institution approved by the Faculty. He must present to the Dean of the Faculty a thesis or dissertation upon some medical subject, in his own hand-writing, and of his own composition; and exhibit to the Faculty, at his examination, satisfactory evidence of his professional attainments. The degree will not be conferred upon any candidate who absents himself from the public Commencement, without the special permission of the Faculty.

Fees.—The fee to each Professor is $20, payable in advance. The Matriculation fee is $5: *to be paid but once.* The graduation fee is $50.

CONNECTICUT.

MEDICAL INSTITUTION OF YALE COLLEGE, NEW HAVEN.

Rev. Theodore D. Woolsey, D.D., LL.D., President.
Benjamin Silliman, M.D., LL.D., Emeritus of Chemistry.
Eli Ives, M.D., Prof. Emeritus of Materia Medica.
Jonathan Knight, M.D., Prof. of Surgery.
Charles Hooker, M.D., Prof. of Anatomy.
Worthington Hooker, M.D., Prof. of Medicine.
Benjamin Silliman, Jr., M.D., Prof. of Chemistry.
Pliny A. Jewett, M.D., Prof. of Obstetrics.
Charles A. Lindsley, M.D., Prof. of Materia Medica.

The forty-ninth annual course of lectures in this Institution commenced on the 12th day of September, 1862, and continues *sixteen* weeks. The examination for degrees will be held immediately after the close of the lecture term.

Graduation.—The requirements for graduation are:—For graduates of College, two years' study, and the attendance on two courses of lectures in this or some other regularly organized medical college. For those who are not graduates, three years' study, and the attendance on two courses of lectures. The regular examinations are held at the close of the lecture term, and also by adjournment the day before commencement in Yale College, provided there are applications for examination. Certificates are required from some regular practitioner of medicine, that the candidate is twenty-one years of age, possesses a good moral character, and that he has pursued the study of medicine the required time. At the examination, candidates must furnish a thesis on some subject connected with medical or surgical science. The material for dissection is abundant, and furnished at a reasonable charge. A clinique is held at the State Hospital once a week during the lecture term.

Fees.—The fees for the lectures, which are required in advance, are $12 50 for each course, except that on Obstetrics, which is $6. Total, $68.50; Matriculation, $5 extra. Graduation fee, $15. Private recitations are held for such as desire them, daily. The instructors are W. Hooker, M.D., C. A. Lindsley, M.D., and L. J. Sanford, M.D. The year is divided into two terms. The first corresponds with the course of lectures in the Medical Institution. The second begins in the middle of February and extends to commencement, having a vacation of two weeks in the first part of May. Fees, for the first term, $10; fees, for the second term, $40.

ILLINOIS.

RUSH MEDICAL COLLEGE, CHICAGO.

Daniel Brainard, M.D., President, Prof. of Surgery.
James V. Z. Blaney, M.D., Prof. of Chemistry and Pharm.
J. Adams Allen, M.D., Prof. Pract. of Medicine.
J. W. Freer, M.D., Prof. Physiology and Surg. Pathology.
De Laskie Miller, M.D., Prof. of Obstetrics.
Ephraim Ingals, M.D., Prof. of Materia Medica.
R. L. Rea, M.D., Professor of Anatomy.
Edwin Powell, M.D., Demonstrator of Antomy.

The 20th Annual Session will commence, Wednesday, October 1st, and continue sixteen weeks.

Clinical Instruction.—The hospitals of the city, and the numerously attended cliniques at the College, afford large facilities for practical study of many varieties of disease.

Graduation.—The following are the requisitions for the degree of Doctor of Medicine, viz. The candidate must be twenty-one years of age, and possess a good moral character. Pursue the study of medicine three years, and attend at least two courses of lectures, one of which must be in this institution. Four years of regular and continued practice will be considered equivalent to one course of lectures. He must have attended clinical instruction during, at least, one college term; and have been engaged in at least one course of practical anatomy. And present a thesis on some medical subject, written by himself, on or before the first of February, and at the same time deposit the graduation fee, which, together with the thesis, will be returned to him in case of withdrawal or rejection. Graduates of other respectable schools of medicine will be entitled to an *ad eundem* degree, by passing a satisfactory examination, paying the graduation fee.

Fees.—Lecture Fees, for the Course, $40; Matriculation Fee, $5; Dissecting Ticket, $5; Hospital Tickets (each), $5; Graduation Fee, $20.

MEDICAL DEPARTMENT OF LIND UNIVERSITY, CHICAGO.

David Rutter, M.D., Emeritus Professor of Obstetrics.
T. Deville, M.D., Emeritus Professor of Anatomy.
J. H. Hollister, M.D., Professor of Descriptive Anatomy.
H. A. Johnson, M.D., Prof. of Physiology and Histology.
A. L. McArthur, M.D., Professor of Materia Medica.
M. K. Taylor, M.D., Professor of General Pathology, etc.
F. Mahla, Ph. D., Professor of Inorganic Chemistry.
Edmund Andrews, M.D., Professor of Surgery.
Ralph N. Isham, M.D., Professor of Surgical Anatomy.
W. H. Byford, M.D., Professor of Obstetrics.
N. S. Davis, M.D., Professor of Practice of Medicine.
F. Mahla, Ph. D., Prof. of Organic Chem. and Toxicology.
H. G. Spafford, Esq., Professor of Medical Jurisprudence.
Horace Wardner, M.D., Demonstrator of Anatomy.

The regular Annual Lecture Season commences on the Second Monday in October, and continues until the First Tuesday in March following.

Fees.—Lecture Fees for the Winter Term, $50; Graduation Fee, $20; Matriculation Fee, $5; Dissecting Ticket, $5; Hospital Ticket, $6. All Fees are payable in advance.

Graduation.—Each candidate for graduation must furnish satisfactory certificates of having pursued the study of medicine and surgery three years, including the time of attendance on lectures; of being twenty-one years of age, and possessed of a good moral character. He must have attended two full courses of Lectures. Or, if he has attended one full course in any other Medical College, he may be eligible to graduation by attending *one* full course. He must also have attended to practical anatomy by dissections, and to hospital clinical instruction during one term. Each candidate must deposit with the Treasurer of the Faculty a thesis on some medical subject, written by himself, together with the graduation fee, on or before the first day of February in each term. Both will be returned in all cases in which, from any cause, the candidate fails to obtain the diploma. Each candidate must undergo a thorough and satisfactory examination in all the branches of medical science.

Clinical Advantages.—The Hospital of the Sisters of Mercy, located on Wabash Avenue, near Van Beuren street, is open for clinical instruction every morning in the week, throughout the Winter Term, attended by Profs. Andrews and Davis. The Chicago City Dispensary occupies a room in immediate connexion with the College, and is attended by Professors Andrews, Byford, and Wardner.

The Summer term of Instruction will commence on the second Monday in March, and continue until the first Monday of October.

IOWA.

IOWA STATE UNIVERSITY—MEDICAL DEPARTMENT—KEOKUK.

D. L. McGugin, M.D., Phys., Path., and Clinical Medicine.
Freeman Knowles, M.D., Obstetrics and Gen. Therapeutics.
J. C. Hughes, M.D., Surgery and Clinical Surgery.
Philip Harvey, M.D., Medicine and Microscopy.
(Vacancy), Chemistry and Materia Medica.
John W. Bond, M.D., Anatomy.
Henry Strong, A.M., Medical Jurisprudence.
D. C. Dewey, M.D., Demonstrator.

Graduation.—Candidates for Graduation: 1st. Must be twenty-one years of age, and present testimonials of good moral character. 2d. Must have attended two full courses of medical lectures, the last at the Medical Department of the Iowa University, or evidence of four years' respectable practice will be considered as equivalent to one course. 3d. Must have studied medicine three years (including lecture terms), under the direction of a respectable medical practitioner. 4th. Must furnish a satisfactory medical thesis (original and in his own handwriting) to be delivered to the Dean.

Clinical Instruction.—College Infirmary and the County Alms-house.

Fees.—Fee for the entire Course of Instruction, $15; Matriculation Ticket, $5; Demonstrator's Ticket (optional) $5; Hospital Tickets, *gratuitous*. Graduation fee, $30.

MAINE.

MEDICAL SCHOOL OF MAINE, AT BOWDOIN COLLEGE—BRUNSWICK.

Leonard Woods, D.D., President.
Israel T. Dana, M.D., Prof. Prac. of Medicine.
Amos Nourse, M.D., Prof. of Obstetrics.
John S. Tenney, LL.D., Lecturer on Medical Jurisprudence.
Timothy Childs, M.D., Prof. of Surgery.
Paul A. Chadbourne, M.D., Prof. of Chem. and Pharmacy.
David S. Conant, M.D., Prof. of Anatomy and Physiology.
W. C. Robinson, M.D., Prof. of Materia Med. and Therap.

The session for 1862 will commence on the 14th of Feb., and continue to the last of May.

Fees.—The fees for the full course, $55. The Graduation, including the Diploma, $18. Matriculation or Library fee, payable at once, $5. Pupils who have attended two full courses of Medical Lectures, one of which has been at this school, are admitted to all subsequent courses, without payment of any lecture fees. Students who have attended two full courses at other regular Medical Institutions, are required to pay one-third of the usual fees for admission to their first course of Lectures at this school, in addition to the Matriculation fee. Demonstrations in Anatomy gratuitous.

Graduation.—The examinations for the degree of Doctor of Medicine are held by the Faculty of Medicine at the close of the course of lectures, and also on the second Monday before the annual Commencement of the College, which occurs on the first Wednesday of August. The candidates must have devoted three years to their professional studies under the direction of a regular practitioner of medicine, and must have attended two full courses of medical lectures in some regular, incorporated medical Institution, and the last course previous to examination must have been at this Medical School. They must also pass a satisfactory examination, and must also read and defend a thesis or dissertation on some medical subject, in the presence of the Faculty of Medicine. Those candidates who have not received a collegiate education, must satisfy the Faculty of their proficiency in the Latin language and in natural philosophy. Degrees are conferred at the close of each course of lectures, and at the annual Commencement of the College in August.

Clinical Advantages.—Medical clinic, by Dr. Childs; surgical, by Dr. Conant.

MARYLAND.

UNIVERSITY OF MARYLAND.—MEDICAL DEPARTMENT.

Nathan R. Smith, M.D., Professor of Surgery.
Wm. E. Aiken, M.D., Prof. of Chemistry and Pharmacy.
Samuel Chew, M.D., Prof. of Medicine.
G. W. Miltenberger, M.D., Prof. of Obstetrics.
Wm. A. Hammond, M.D., Prof. of Anatomy and Physiology.
Edward Warren, M.D., Professor of Materia Medica.
James H. Butler, M.D., Demonstrator of Anatomy.

Clinical Advantages.—For the purpose of Clinical instruction, the School possesses a capacious hospital of its own.

Fees.—Full course, *ninety dollars*; Practical Anatomy, *ten dollars*. No charge is made for the clinical ticket. A limited number of students will be permitted to reside in the Infirmary as clinical assistants. The fee is *one hundred dollars* per year, payable in advance. Matriculation fee, $5. Graduation fee, $20.

Graduation.—Candidates for graduation must have attended two courses of Lectures in this school, or one in this, *after* one in some other respectable Medical school. Every candidate must deposit with the Dean of the Faculty, on or before the 14th day of February, a thesis of his own composition on some subject connected with medical science, or a clinical report of not less than six cases of disease, drawn up from his own observation.

MASSACHUSETTS.

HARVARD UNIVERSITY.—MEDICAL DEPARTMENT.

Cornelius C. Felton, LL.D., President.
D. Humphreys Storer, M.D., Prof. Obstet. and Med. Jurisp.
John B. S. Jackson, M.D., Morbid Anatomy.
Henry I. Bowditch, M.D., Clinical Medicine.
Oliver W. Holmes, M.D., Anatomy and Physiology.
George C. Shattuck, M.D., Theory and Practice of Physic.
Henry J. Bigelow, M.D., Surgery.
John Bacon, M.D., University Chemistry.
Edward H. Clarke, M.D., Materia Medica.
David W. Cheever, M.D., Demonstrator of Anatomy.

Clinical Advantages.—Instruction is given at the bedside of the patient in the wards of the Massachusetts General Hospital by the Professor of this branch, who is one of the attending physicians of the Hospital. The Chelsea Hospital, Boston Dispensary, and the Eye and Ear Infirmary are also open to students.

Fees.—Fees for the Lectures at the University, $80; Matriculation fee, $3; Graduation fee, $20.

BERKSHIRE MEDICAL INSTITUTION, PITTSFIELD.

Henry H. Childs, M.D., President, Prof. Med. & Obstetrics.
Timothy Childs, M.D., Prof. of Surgery.
Henry M. Seely, M.D., Prof. of Chemistry and Toxicology.
R. Cresson Stiles, M.D., Prof. of Physiology and Pathology.
Wm. Henry Thayer, M.D., Prof. of Medicine.
William P. Seymour, M.D., Prof. of Materia Medica.
James D. Colt, Esq., Prof. of Medical Jurisprudence.
Corydon L. Ford, M.D., Prof. of Anatomy.
Robert W. Gray, Demonstrator.

The fortieth lecture term commenced on the first Thursday in August, and continues sixteen weeks.

Clinical Instruction.—The numbers of patients coming from a large section of country to seek relief at the medical and surgical cliniques of the College, have rendered the demand for a Hospital in connexion with it imperative. The cliniques are continued throughout the year, and during the lecture term a portion of every Wednesday and Saturday will be devoted to Clinical Instruction. Practical instruction on Auscultation and Percussion will be given by the Professor of Theory and Practice.

The Winter Term.—This Term commences on the first of January and continues until the second Thursday in May, and will be occupied by recitations and familiar lectures and demonstrations.

Graduation.—Degrees are conferred at the close of the lecture term, and at other periods to correspond with the expiration of the term of study prescribed for candidates. The requisites are: three full years of study, under a regular practitioner of medicine; attendance on two full courses of lectures in Medical institutions regularly established, one of which courses must have been attended at this institution; a satisfactory examination; a thesis on some subject connected with medical science. Full and formal certificates of time are required.

Fees.—For all the Courses of Lectures, $50; fee for those who have already attended two full courses at other Medical Schools, $10; Matriculation Ticket, $3. Students of two courses at this Institution pay only the Matriculation fee. Graduation fee, $18; Library fee, $1.

MICHIGAN.

MEDICAL DEPARTMENT OF THE UNIVERSITY OF MICHIGAN, ANN ARBOR.

Rev. Henry P. Tappan, D.D., LL.D., President.
Zena Pitcher, M.D., Prof. Emer. Medicine and Obstetrics.
Abram Sager, M.D., Prof. of Obstetrics.
Silas H. Douglas, M.D., Prof. of Chemistry and Pharmacy.
Moses Gunn, M.D., Prof. of Surgery.
Alonzo B. Palmer, M.D., Prof. of the Th. and Prac. of Med.
Corydon L. Ford, M.D., Prof. of Anatomy.
Hon. T. M. Cooley, Prof. of Medical Jurisprudence.
Samuel G. Armor, M.D., Prof. of Materia Medica.
Alfred Dubois, A.M., Assistant Prof. of Chemistry.
William Lewitt, M.D., Demonstrator of Anatomy.
P. B. Rose, M.D., J. W. Langley, B.S., Assistants in the Chemical Department.

Lectures commence on the first day of October, and continue until the last Wednesday in March.

Terms of Admission.—Each candidate for admission must be provided with satisfactory evidence of good moral character; and, if a candidate for graduation, must also possess a good English education, the knowledge of Natural Philosophy, the Elementary Mathematical Sciences, and such an acquaintance with the Latin Language as will enable him to appreciate the technical language of medicine, and to read and write prescriptions. Students are expected to be in attendance upon *the first day of the term*, as the regular course of instruction will commence upon, and continue from that day; *and by the rule adopted, certificates are issued only for the period of actual attendance.*

Graduation.—To be admitted to the Degree of "Doctor of Medicine," the student must exhibit evidence of having pursued the study of Medicine and Surgery for the term of three years with some respectable Practitioner of Medicine (including lecture terms); must have attended two full courses of lectures, the last of which must have been in the College of Medicine and Surgery of the University of Michigan, and the previous one in this or some other respectable Medical Institution; must have been engaged in the study of Practical Anatomy; must be twenty-one years of age; must have submitted to the Faculty a thesis composed and written by himself, on some medical topic, and have passed an examination at the close of the term, satisfactory to the Faculty. An allowance of six months from the term of study is made in favor of graduates of the Department of Science and Arts, and of other respectable Literary Colleges. His final thesis may be written either in English, German, French, or Latin; and if required, must be defended before the Faculty.

Fees.—Matriculation, $10. Incidentals, $5. Tuition, gratuitous. Diploma—for the parchment, filling, &c., $3.

MISSOURI.

ST. LOUIS MEDICAL COLLEGE, ST. LOUIS.

M. L. Linton, M.D., Prof. of Practice of Medicine.
A. Litton, M.D., Prof. of Chemistry and Pharmacy.
Charles A. Pope, M.D., Prof. of Surgery.
M. M. Pallen, M.D., Prof. of Obstetrics.
W. M. McPheters, M.D., Prof. of Materia Medica.
Chas. W. Stevens, M.D., Prof. of Anatomy.
John B. Johnson, M.D., Prof of Medicine and Pathol.
J. H. Watters, M.D., Prof. of Physiology.
E. H. Gregory, M.D., Demonstrator of Anatomy.
L. Dinkler, Curator.

The regular Course of Lectures will commence on the first of November next, and continue until the following March. Preliminary Lectures will be delivered at the College during the month of October, as also Clinical Lectures at the Hospitals and Dispensary.

Practical Anatomy.—The Anatomical rooms will be opened on the first of October, for the benefit of those students who may arrive before the commencement of the regular lectures.

Clinical Instruction.—The following Institutions afford the Faculty ample opportunities for Clinical instruction:—St. Louis Hospital, City Hospital, United States Marine Hospital, St. Louis Lying-in Hospital, and the O'Fallon Clinic and Dispensary.

Graduation.—That the candidate be twenty-one years of age, of good moral character, and has been engaged in the study of Medicine for three years (courses of lectures included). That he shall have attended two courses of lectures in this Institution. Attendance on a regular course in some respectable and generally accredited medical school, or four years of reputable practice, will, however, be considered as equivalent to one of the courses above specified. The Dissecting ticket must also have been taken at least one session in this or some other school. He must also have followed the practice of a Hospital.

That he shall undergo a satisfactory examination on all the branches taught in this College, and write an acceptable thesis, either in the English, Latin, French, or German language, on some subject connected with Medicine. Graduates of other respectable schools are admitted to the Lectures on the payment of the Matriculation fee only.

Fees.—Fees for the whole course, $105. The Matriculating Ticket (paid but once) is $5; that of the Demonstrator, $10. Graduating Fee, $20.

MISSOURI MEDICAL COLLEGE, ST. LOUIS.

John S. Moore, M.D., Theory and Practice of Medicine.
John Barnes, M.D., Materia Medica, Therap. and Med. Bot.
John T. Hodgen, M.D., Anatomy.
E. S. Frazer, M.D., Obstetrics and Diseases of Women.
Joseph N. McDowell, M.D., Surgery and Surg. Anatomy.
Thos. McMartin, M D., Pathology and Clinical Medicine.
G. M. B. Mangles, M.D., Chemistry and Physiology.
L. T. Pimm, M.D., Adjunct of Surgery.
John J. McDowell, M.D., Demonstrator.

Graduation.—Three years' study, including two courses of lectures, or reliable evidence that the applicant has been reputably engaged in practice for three years, and has attended a course of lectures in this institution, will be required of all who wish to graduate.

Fees.—For a full Course of Lectures, $105; for Graduation, $20; for admission to the Dissecting Rooms and Demonstrations, $10; Matriculation fee (paid but once), $5.

NEW HAMPSHIRE.

MEDICAL DEPARTMENT OF DARTMOUTH COLLEGE, HANOVER.

Rev. Nathan Lord, D.D., President.
Hon. Isaac F. Redfield, LL.D., Med. Jurisprudence.
Dixi Crosby, M.D., Surgery and Obstetrics.
Edward E. Phelps, M.D., LL.D., Medicine.
Albert Smith, M.D., Materia Medica and Therapeutics.
Oliver P. Hubbard, M.D., Chemistry and Pharmacy.
Edmund R. Peaslee, M.D., LL.D., Anat. and Physiology.
Henry M. Field, M.D., Demonstrator of Anatomy.

The annual course of lectures commenced Aug. 1st, 1862, and continues fourteen weeks.

Clinical Advantages.—Patients presenting themselves before the class will be operated upon gratuitously. Ample provision has been made for the accommodation of patients after operations, at the Hospital established by Dr. Crosby, where patients are received and treated through the year.

Graduation.—Every candidate for the degree of Doctor of Medicine shall give satisfactory evidence of good moral character, and (unless a college graduate) of a competent knowledge of the Latin language. He shall have attended two full courses of lectures on all the branches of medical science, at some regularly authorized medical school—one of which courses shall have been at this Institution. He shall give satisfactory evidence that he has devoted three full years to his professional studies, under the direction of some regular practitioner—the time spent at lectures being included. He shall prepare and present to the faculty, at least ten days before the examination, a dissertation on some medical subject, which he may be called upon to read and defend at his examination, as the faculty may direct. There are three examinations, viz.—On the Tuesday preceding the second Wednesday in May; on the Tuesday preceding the annual commencement of the college; and at the close of the medical lectures.

Fees.—For the Course, $50; Matriculation (paid but once), $5; Graduating Expenses, $18.

NEW YORK.

COLLEGE OF PHYSICIANS AND SURGEONS.—MEDICAL DEPARTMENT OF COLUMBIA COLLEGE.

Charles King, LL.D., President of Columbia College.
Edward Delafield, M.D., President of Med. Depart.
Alex. H. Stephens, M.D., LL.D., Emer. of Clin. Surg.
Edward Delafield, M.D., Emeritus of Obstetrics.
John Torrey, M.D., LL.D., Emer. of Chemistry.
Joseph Mather Smith, M.D., Materia Medica.
Robert Watts, M.D., Anatomy.
Willard Parker, M.D., Surgery and Surg. Anatomy.
Chandler R. Gilman, M.D., Obstet. and Med. Jurisprud.
Alonzo Clark, M.D., Pathology and Prac. Medicine.
John C. Dalton, Jr., M.D., Physiol. and Micros. Anat.
Samuel St. John, M.D., Chemistry.
Thos. M. Markoe, M.D., Adjunct. Prof. of Surgery.
Henry B. Sands, M.D., Demonstrator of Anatomy.
William H. Draper, M.D., } Prosectors of Surgery.
George F. Shrady, M.D., }
Foster Swift, M.D., Assistant to the Prof. of Obstetrics.
Governeur M. Smith, M.D., Librarian.

The Regular Course of Lectures for the Session of 1862–'63, will commence on Monday, the 20th of October.

Clinical Instruction.—A Surgical Clinic, by Profs. Parker and Markoe, every Monday, at 11 A.M. A Medical Clinic, by Prof. Clark, every Thursday, at 11 A.M. A Surgical Clinic, by Dr. Detmold, every Wednesday, at 2½ P.M. A Clinic for Females, by Dr. Swift, every Friday, at 2½ P.M. Free attendance on all the Hospitals of the city.

Prizes.—Two Prizes are annually awarded by the Faculty, at the College Commencement in March, for the two best Graduating Theses presented during the year, viz.—A First Prize of Fifty Dollars, and a Second Prize of Twenty-five Dollars. *Harsen Prizes.*—Founded by Jacob Harsen, M.D. Three Annual Prizes will be awarded for the three best written Reports of the Clinical Instruction in the New York Hospital, during any four months of the year immediately preceding the Annual Commencement in March, viz.:—A First Prize, consisting of a Gold Medal, worth Fifty Dollars, and One Hundred Dollars in money. A Second Prize, consisting of a Silver Medal, and Fifty Dollars in money; and a Third Prize, consisting of a Bronze Medal, and Twenty-five Dollars in money. *Stevens Prize for* 1863.—Offered by Alexander H. Stevens, M.D., LL.D., Professor Emeritus of Surgery, and Ex-President of the College. This Prize, consisting of the sum of One Hundred Dollars, will be awarded for the best series of Preparations which shall adequately illustrate the Anatomy, Physiology, and Pathology of the Larynx.

Graduation.—There are two periods for conferring degrees: one at the Annual Commencement, in March; the other at the opening of the Regular Course, in October. Candidates for the degree of Doctor of Medicine must have attended two full courses of Lectures,—the latter in this College. They must also have studied medicine three years, under the direction of a regular physician, including the attendance upon lectures; and have attained the age of twenty-one years. Each candidate is required to write a thesis on some subject connected with the science of medicine, and to deposit it with the Secretary of the Faculty. Full and formal certificates of the time of study, of moral character, and of age, must also be furnished. The examination of candidates takes place semi-annually; that for graduation in the Spring, early in March; that for graduation in the Fall, on the second Tuesday in September.

Fees.—Matriculation fee, $5. Full Course of Lectures, $105. Ticket of the Demonstrator of Anatomy, $5. Graduation fee, $30. Students who have attended two full courses in this College, or who, having attended one full course in some regularly established medical school, shall subsequently attend one full course in this College, are admitted to a third course of lectures on paying the matriculation fee only. Graduates of this school are admitted without fee. Graduates of other schools, who have been in practice three years, and Theological Students, are admitted on general ticket by paying the matriculation fee.

UNIVERSITY OF NEW YORK.—MEDICAL DEPARTMENT.

Rev. Isaac Ferris, D.D., LL.D., Chancellor of the University.
Valentine Mott, M.D., LL.D., Emerit. Prof. of Surg., etc.
Martyn Paine, M.D., LL.D., Prof. of Mat. Med. and Therap.
Gunning S. Bedford, M.D., Prof. of Obstetrics.
John W. Draper, M.D., LL.D., Prof. of Chem. and Phys.
Alfred C. Post, M.D., Prof. of Surgery.
William H. Van Buren, M.D., Professor of Anatomy.
John T. Metcalfe, M.D., Professor of Medicine.
J. W. S. Gouley, M.D., Demonstrator of Anatomy.
J. H. Hinton, M.D.,
Alexander B. Mott, M.D., } Prosectors of Surgery.

The Session for 1862–63 will begin on Monday, Oct. 21, and will be continued until the 1st of March.

Clinical Advantages.—1st. *An Obstetric Clinic for the Diseases of Women and Children*, on every Monday, from 2½ to 4½ o'clock P.M., by Prof. Bedford. 2d. *Surgical Clinic* every Tuesday, from 3 to 4½ o'clock P.M., by Prof. Mott. 3d. *Medical Clinic* every Wednesday, from 2½ to 3½ o'clock P.M., by Prof. Metcalfe. 4th. *Surgical Clinic, with the Diseases of the Genito-Urinary Organs*, every Wednesday, from 3½ to 4½ o'clock P.M., by Prof. Van Buren. 5th. *Surgical Clinic* every Saturday, from 11 A.M. to 1 P.M., by Prof. Post. Free attendance on all the Hospitals.

Prizes.—*Mott-Medals.*—These Medals will be given to candidates as follows: One of Gold, one of Silver, one of Bronze. The Gold Medal to the candidate who shall prepare the best dried Anatomical or Anatomico-Surgical preparation. The Silver Medal to the second best of that description. The Bronze Medal to the candidate who shall furnish the best book of recorded cases, and remarks of the Professor, of either of the Surgical Clinics. *Metcalfe Prizes.*—Professor Metcalfe will give two prizes for the first and second reports, in order of merit, of cases occurring at his College Clinics during the session. *Van Buren Prizes.*—The Professor of Anatomy offers two prizes for the best dissections by members of the Dissecting Class, on the recent subject.

Graduation.—The examination for the Degree will commence towards the close of the session, and will be continued daily until all the candidates shall have been examined. The following are the requisites for the diploma. The candidate must be 21 years of age. He must have attended two courses of medical lectures; one of which must have been delivered in the medical department of the University of New York. He must have attended a course of Practical Anatomy in the Dissecting Room. The candidate must have studied medicine for three years (the terms of attending lectures being included in these), under the direction of a respectable medical practitioner. He must write a medical thesis, either in the English, Latin, or French language. Two Commencements take place annually in the University. The first early in the month of March, and the other about the end of June.

Fees.—Full Course of Lectures, $105; Matriculation Fee, $5; Fee for instruction by the Demonstrator, $5; Graduation Fee, $30.

NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL.

Horace Green, M.D., LL.D., Emeritus Prof. of Medicine.
John M. Carnochan, M.D., Clin. and Operative Surgery.
Benj. I. Raphael, M.D., Prin. and Prac. of Surgery.
Charles A. Budd, M.D., Theo. and Prac. of Obstetrics.
A. Jacobi, M.D., Infantile Pathol. and Therapeutics.
S. Rogers, M.D., Lecturer on Physiol. and Mic. Anatomy.
E. Noeggerath, M.D., Clin. Mid. and Dis. of Women.
J. V. C. Smith, M.D., Anatomy.
Wm. F. Holcomb, M.D., Ophthalmic and Aural Surg.
Samuel R. Percy, M.D., Materia Medica and Therapeutics.
H. G. Cox, M.D., Theory and Practice of Medicine.
P. H. Van Der Weyde, M.D., Chemistry and Toxicology.
James E. Steele, M.D., Demonstrator of Anatomy.
C. A. Bacon, M.D., Assist. Demonstrator.

The Thirteenth Annual Course of Lectures will commence on the 20th October, 1862, and will continue until the first week of March, 1863.

Clinics at the College.—Mondays and Thursdays, Surgical, by Profs. Raphael and Carnochan. Tuesdays and Fridays, Diseases of Children, by Prof. Jacobi. Tuesdays, Diseases of the Eye and Ear, by Prof. Holcomb. Wednesdays, Diseases of Women, by Profs. Noeggerath and C. A. Budd. Saturdays, Medical, by Prof. Cox. Attendance on all the Hospitals of New York.

Faculty Prizes.—There are annually distributed to the successful competitors among the Graduating Class of this College, two prizes for the best Theses. These prizes were created by the Alumni of the College.

Fees.—Full Course of Lectures, $105. Matriculation Fee, $5. Fee for Demonstrator, $5. Fee for Final Examination, $30. Thirty Dollars are to be paid previous to the final examination, which is irrespective of graduation. In case the candidate is not recommended for the degree of Doctor of Medicine, he will be entitled in six months afterwards to another examination, for which no fee will be exacted. Graduates of three years' standing, of other institutions where the requirements are the same as at this, will be admitted to attend all the lectures on paying the matriculation fee. Two full Courses, one being in this College, will admit to a Third Course on paying Matriculation fee.

Graduation.—Candidates must have attended two full courses of lectures in some regular Medical College, the last of which must be in this College. They must be twenty-one years of age, and have studied medicine for at least three years, under the direction of some regular physician. They must each write a thesis on some professional subject, and deposit it with the Dean, with certificates of age, time of study, good moral character, and proof of having passed their two collegiate courses of instruction. They must also pass a satisfactory examination *before seven of the Faculty.*

BELLEVUE HOSPITAL MEDICAL COLLEGE.

Isaac E. Taylor, M.D., President.
Benjamin W. McCready, M.D., Secretary.
R. Ogden Doremus, M.D., Treasurer.
James R. Wood, M.D., Operative Surgery and Surg. Path.
Frank H. Hamilton, M.D., Military Surgery, Fractures, etc.
Lewis A. Sayre, M.D., Orthopœdic Surgery.
Alexander B. Mott, M.D., Surgical Anatomy.
Stephen Smith, M.D., Principles of Surgery.
Isaac E. Taylor, M.D.,
George T. Elliot, M.D., } Obstetrics and Diseases of Women.
B. Fordyce Barker, M.D.,
Benjamin W. McCready, M.D., Materia Medica and Thera.
Timothy Childs, M.D., Descriptive Anatomy.
Austin Flint, M.D., Practice of Medicine.
* R. Ogden Doremus, M.D., Chem. and Toxicology.
Austin Flint, Jun., M.D., Physiol. and Microscopic Anat.
Charles D. Phelps, M.D., Demonstrator of Anatomy.
N. R. Moseley, M.D., Prosector to Chair of Surgical Anat.
Sylvester Teats, M.D., Prosector of Surgery.
A. A. Shiverick, M.D., Clinical Assistant.

Clinical Advantages.—The College, being a part of Bellevue Hospital, offers every possible facility for clinical study of every variety of disease.

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* Dr. Doremus being absent in Europe, his chair will be filled during the term by Prof. B. Silliman, Jun., of Yale College.

Prizes are offered by two members of the Faculty, Professors Wood and Mott, for the best preparations relating to Surgical Anatomy, to be competed for by students in any of the Medical Schools of New York and Brooklyn. The prizes offered by Prof. Wood are $50, and a diploma, for the best preparation, and $25 with a diploma, for the one ranking second in excellence. The prize offered by Prof. Mott is a complete case of surgical instruments of the value of $100, for the best preparation.

The *regular term* will commence on Wednesday, Oct. 15th, 1862, and end early in March, 1863.

Graduation.—The requirements for graduation in this College are—twenty-one years of age; three years' study with a regular and respectable practitioner of medicine (or practitioners), inclusive of the time of attendance at medical lectures; attendance on two full courses of lectures, the last being in this College; proper testimonials of character; an acceptable thesis in the handwriting of the candidate, and a satisfactory examination in each of the departments of instruction. Candidates for graduation will be examined in Surgery and Obstetrics respectively, by one of the Professors appointed in each of these departments.

Fees.—Full course, $105. Matriculation fee, $5; Graduation fee, $30; Demonstrator's ticket, $5. Students who have attended two full courses of lectures in other accredited schools will be admitted to all the lectures for $50. Students who may attend two full courses in this College, or who attend one full course in this College, and have attended one full course in some other accredited school, will be required to matriculate only.

The students attending the various Colleges of N. York city are entitled to free attendance upon the following institutions. *Hospitals*—N. Y. Hospital, 319 Broadway; Bellevue Hospital, 26th street, E. R.; Blackwell's Island Hospital, E. R.; Emigrant Hospital, Ward's Island; Nursery Hospital, Randall's Island; Child's Hospital, 51st street; N. Y. Eye Infirmary, 2d Avenue and 13th street, N. Y.; Ophthalmic Hospital, 28th street and 4th Avenue. *Dispensaries.*—N. York Dispensary; Eastern, Northern; North Western; Demilt, and North Eastern.

LONG ISLAND COLLEGE HOSPITAL, BROOKLYN.

Austin Flint, M.D., Practical Medicine and Pathology.
Franklin H. Hamilton, M.D., Surgery.
James D. Trask, M.D., Obstetrics.
R. Ogden Doremus, M.D., Chemistry and Toxicology.
Joseph D. Hutchison, M.D., Surg. Anat. and Operat. Surg.
John C. Dalton, M.D., Physiology and Microscopic Anat.
DeWitt C. Enos, M.D., Anatomy.
Edwin M. Chapman, M.D., Mat. Med. and Therapeutics.
J. G. Johnson, M.D., Demonstrator.

Regular lectures commence about the middle of March, and continue sixteen weeks.

Clinical Instruction.—Brooklyn City Hospital, one of the finest and best appointed in the country, is open to medical men and students without charge. There are also dispensaries open to the students.

Graduation.—The candidate for graduation must have studied Medicine for three years under the direction of a regular practitioner, must be twenty-one years of age, of good moral character, have attended two full courses of lectures, of which one must be at this institution, and submit to the faculty a thesis in his own handwriting on some medical subject.

Fees.—Fees for the whole course, including Matriculation fee, $100; Single tickets (exclusive of Matriculation fee of $5) each, $12 50; Graduation fee, $20; Demonstrator's ticket, $5; Hospital tickets, gratuitous. Regular physicians will be admitted to all the lectures on payment of $5 (the amount of the Matriculation fee).

GENEVA MEDICAL COLLEGE.

John Towler, M.D., Chemistry and Pharmacy.
James Hadley, M.D., Emeritus of Chemistry.
Frederick Hyde, M.D., Principles and Practice of Surgery.
George Burr, M.D., General and Special Anatomy.
Welson Nivison, M.D., Physiology and Pathology.
Hiram N. Eastman, M.D., Practice of Med. and Mat. Med.
R. Stone, M.D., Professor of Obstetrics,
Lyman W. Bliss, M.D., Demonstrator of Anatomy.

The session of 1862-3 began on Wednesday, the 1st day of October, 1862, and will continue sixteen weeks.

Graduation.—The candidate for the medical degree must be twenty-one years of age, of good moral character, have attended two full courses of medical lectures, the last at this institution, and must exhibit satisfactory evidence of having prosecuted the study of medicine for three years under the direction of some respectable physician. He must also undergo an examination by the professors, in their respective branches, in the presence of the Board of Curators, and present—and defend when required—a dissertation on some medical subject, composed and written by himself.

Fees, payable in advance.—Matriculation, $3. Tickets for the whole Course, $50. Graduation, $20. Demonstrator's Ticket, $3. Anatomical Material, $5.

ALBANY MEDICAL COLLEGE.

Alden March, M.D., Principles and Practice of Surgery.
James McNaughton, M.D., Theory and Practice of Med.
James H. Armsby, M.D., Descriptive and Surgical Anat.
Howard Townsend, M.D., Materia Med. and Physiology.
Charles H. Porter, M.D., Chem. and Med. Jurisprudence.
J. V. P. Quackenbush, M.D., Obstetrics.
F. L. R. Chapin, M.D., Demonstrator of Anatomy.

The Annual Course of Lectures at this Institution commenced on the first Tuesday of September, 1862, and continues sixteen weeks. Degrees are conferred at the close of the term, and also in June.

Clinical Advantages.—The Saturdays of every week are devoted to surgical operations and clinical instruction, and in this way the students have an opportunity of witnessing a great variety of medical and surgical cases. A large and commodious **Hospital** has been established nearly opposite the College, provided with a spacious Lecture Room, Dispensary, and every requisite for the study of Clinical Medicine and Surgery, to which students are admitted, free of charge.

Graduation.—The candidate must be twenty-one years of age, and exhibit certificates from a physician or surgeon duly authorized by law to practise his profession, that he has studied medicine and surgery under his instruction during a term of three years. He must have attended two full courses of lectures, the last of which at this Institution. He must deliver to the Registrar, six weeks before the end of the term, a thesis, written by himself, on some medical subject, and be prepared to defend it at his examination. He must pass a satisfactory examination on the several branches of medicine and surgery. The Graduation fee is $20, which must be paid to the Registrar before the candidate can be admitted to an examination.

Fees.—The matriculation fee is $5. The fees for a full Course, $65. Perpetual ticket, $110.

UNIVERSITY OF BUFFALO.—MEDICAL DEPARTMENT.

Charles B. Coventry, M.D., Emeritus Prof. of Physiology.
James P. White, M.D., Prof. of Obstetrics.
George Hadley, M.D., Prof. of Chem. and Pharmacy.
Thomas F. Rochester, M.D., Prof. of Medicine.
Edward M. Moore, M.D., Prof. of Surgery.
Sandford Eastman, M.D., Prof. of Anatomy.
Joshua R. Lothrop, M.D., Lecturer on Materia Medica.
William H. Mason, M.D., Prof. of Phys. and Micros. Anat.
Charles P. Fanner, M.D., Demonstrator of Anatomy.

The Annual Course of Lectures in this Institution commences on the first Wednesday in November, and continues sixteen weeks. The Dissecting Rooms will be opened on the second Wednesday in October.

Clinical Advantages.—Clinical Lectures at the Buffalo Hospital throughout the entire terms, by Professors Moore and Rochester.

Fees.—The fees for the tickets of all the Professors, inclusive of the hospital ticket, amount to $70. Matriculation fee (annually), $5. Students who have attended a full course of lectures in this or in any other institution, will be received on payment of $50. The fee for those who have attended two courses elsewhere is $25. The Alumni of this College, and all who have attended two full courses at the institution, are entitled to all the tickets on payment of the Matriculation fee of $5. Graduation fee, $20. Graduates of any respectable college, after three years, will receive all the tickets on payment of the matriculation fee. Practitioners of five years' standing, who have attended one course of lectures in a respectable institution, will be received for $25. The fee for the ticket of the Demonstrator of Anatomy, is $5, which is optional, except for one term before graduation.

OHIO.

MEDICAL COLLEGE OF OHIO.

M. B Wright, M.D., Prof. of Obstetrics.
Geo. C. Blackman, M.D., Professor of Surgery.
James Graham, M.D., Prof. of Practice of Medicine.
W. W. Dawson, M.D., Prof. of Anatomy.
Jas. F. Hibberd, M.D., Prof. Physiology and Pathology.
J. C. Reeve, M.D., Professor of Materia Medica.
Charles O'Leary, M.D., Prof. of Chemistry and Toxicology.
John S. Billings, M.D., Demonstrator of Anatomy.
Charles Thornton, M.D., Prosector to Professor of Surgery.

The regular course of lectures will commence on the 21st day of October and continue until the 1st of March.

Clinical Advantages.—Clinical Lectures will be delivered at the Commercial, St. John's, and St. Mary's Hospitals. The Hospital Ticket is $10, but is included in the Professors' tickets.

Graduation.—Three years' study, under the guidance of a reputable instructor; attendance upon two full courses of lectures, the last in this Institution. Graduates of the school will be admitted free to all the lectures. The graduates of other schools will be required to pay the Matriculation and Hospital tickets. The President of the Ohio State Medical Society, with other physicians whom he may select, will be present by invitation of the faculty, at the final examination of the candidates.

Fees.—Matriculation fee (paid once only), $5; Professors' Tickets, including Hospital, $105; Demonstrator's Ticket, $6; Graduation fee, $25.

CLEVELAND MEDICAL COLLEGE.

John Delamater, M.D., LL.D., Emeritus Prof. of Obstet.
Jared P. Kirtland, M.D., Prof. of the Prin. and Pr. of Med.
J. Lang Cassels, M.D., LL.D., Prof. of Chem. and Toxicol.
Proctor Thayer, M.D., Prof. of Anatomy and Physiology.
Gustave C. E. Weber, M.D., Prof. of Surgery.
H. K. Cushing, M.D., Prof. of Midwifery and Med. Jurisp.
Alleyne Maynard, M.D., Prof. of Mat. Med. and Therap.
John E. Darby, M.D., Demonstrator of Anatomy.

The next Annual Course of Lectures will commence on the first Wednesday of November, and continue sixteen weeks. The Lectures are so arranged that six are given daily.

Clinical Advantages.—Wednesdays are devoted to Medical and Surgical Cliniques.

Fees.—The fee for the tickets of all the Professors is $60. Medical graduates, and those who have attended two full Courses at this Institution, are entitled to free admission to all the Lectures, by paying the matriculation fee only.

Graduation.—The candidate for the degree of Doctor of Medicine must have pursued medical studies for three years, attended two full courses of medical lectures—the last of which must have been at this Institution—one course of practical anatomy, and composed and deposited with the Treasurer a satisfactory thesis on some medical subject, together with the sum of twenty dollars as a graduating fee—the thesis and graduating fee to be returned to him, in case he fail of obtaining the degree. He must also produce satisfactory testimonials of good moral character, and sustain an examination by the Professors, a majority of the votes given in a joint ballot being necessary to his recommendation for a degree. Bachelors of Arts may be graduated after two years' membership. Gentlemen who have been reputably engaged in the practice of medicine for four years, may be admitted to an examination for the degree, after having attended a single course of lectures—the practice having preceded the lectures—provided only that all other pre-requisites have been complied with.

STARLING MEDICAL COLLEGE, COLUMBUS.

S. M. Smith, M.D., Prof. of Theory and Practice.
Francis Carter, M.D., Prof. of Obst. and Dis. of Wo. and Ch.
John Dawson, M.D., Prof. of Anatomy and Physiology.
J. W. Hamilton, M.D., Prof. of Surgery.
S. Loving, M.D., Prof. of Mat. Med. Therap. and Med. Jur.
Theo. G. Wormley, M.D., Prof. of Chemistry and Toxicology.
R. N. Barr, M.D., Demonstrator of Anatomy.

The next session of Starling Medical College will commence on Thursday the 16th of October, 1862, and will continue until the 1st of March, 1863.

Clinical Advantages.—Clinical lectures on Wednesdays and Saturdays by the Professors of Surgery and Practice at the College, and at the Hospital of the County Infirmary.

Graduation.—Three full years' study with some respectable practitioner of medicine, including lectures; attendance upon two full courses of medical lectures, in respectable medical Institutions, regularly established, one of which shall be in this Institution; attendance upon at least one course of practical dissections; a thesis upon some medical or surgical subject, of the student's own composition and writing, which must be read and defended when called for; and the passing successfully an examination before the Faculty and Officers of the Institution. Regular medical graduates, clergymen, and theological students, and who have already attended two courses of lectures at this Institution, will be admitted to the lectures on the payment of the matriculation fee.

Fees.—Tickets of all the Professors, $60. Matriculation Ticket (paid but once), $5. Graduation Fee, $20. Tickets for the privileges of the Dissecting Room, including the services of the Demonstrator, $8.

CINCINNATI COLLEGE OF MEDICINE AND SURGERY, CINCINNATI.

P. M. Crume, M.D., Emeritus Prof. of Obstetrics.
A. H. Baker, M.D., Prof. of Surgery.
B. S. Lawson, M.D., Prof. of Medicine and Pathology.
G. R. Chitwood, M.D., Prof. of Materia Medica.
J. H. Tate, M.D., Prof. of Obstetrics.
Daniel Vaughn, A.M., M.D., Prof. of Chemistry.
W. P. Thornton, M.D., Prof. of Anatomy and Physiology.
Conrad Soellheim, M.D., Demonstrator of Anatomy.

The regular course in this institution commences on the 14th of October, and closes on the last week in February. Students are allowed to tend, without charge, the Commercial Hospital.

Graduation.—The student, before matriculating, must give satisfactory evidence of having acquired a good English education; this may be done by the certificate of his teacher, or by his own composition at the time of matriculation. The candidate must give evidence of good moral character, and must be at least twenty-one years of age. He must have attended two full courses of lectures in some respectable Medical School, one of which shall have been in this College, and must exhibit his tickets, or other satisfactory evidence thereof, to the President of the Faculty. He must have studied medicine not less than three years, with a respectable practitioner—practised dissection and attended clinical instruction at least one session. He must present to the President of the College, a thesis of his own composition, on some medical subject; and, at his final examination, exhibit to the faculty satisfactory evidence of his professional attainments. He must, before he receives the degree, acknowledge the right of the faculty to revoke it, should he engage in quackery, or be guilty of gross unprofessional conduct. Four years' practice will be considered as equivalent to attendance on one course of lectures, a certificate of which must be presented at the time of matriculating, or handed in with the thesis. The *ad eundem* degree will be conferred on graduates of other respectable Colleges, upon passing a satisfactory examination, paying the Graduation fee, and the presentation of evidence of a good moral and professional character.

Fees.—Professors' Tickets free; Matriculation, $25; Demonstrator's Ticket, $5; Hospital Ticket, $5; Graduation, $25.

PENNSYLVANIA.

UNIVERSITY OF PENNSYLVANIA.—MEDICAL DEPARTMENT.

William Gibson, M.D., Emeritus Professor of Surgery.
George B. Wood, M.D., Emeritus Professor of Medicine.
Samuel Jackson, M.P., Professor of Institutes of Medicine.
Hugh L. Hodge, M.D., Professor of Obstetrics.
Joseph Carson, M.D., Professor of Materia Medica.
Robert E. Rogers, M.D., Professor of Chemistry.
Joseph Leidy, M.D., Professor of Anatomy.
Henry H. Smith, M.D., Professor of Surgery.
William Pepper, M.D., Professor of Medicine.
William Hunt, M.D., Demonstrator of Anatomy.
C. S. Bishop, M.D.,
Edward Shippen, M.D., } Surgical Demonstrators.

The session for the Medical Lectures begins early in October, and ends early in March ensuing.

Clinical Advantages.—Attendance on the Medical and Surgical Clinics of the College, the Pennsylvania and Philadelphia Hospital, and the several Infirmaries.

Graduation.—The following are the rules in force in relation to the degree of Doctor of Medicine:—The candidate must have attained the age of twenty-one years, have applied himself to the study of medicine for three years, and been, during that time, the private pupil for two years, at least, of a respectable practitioner of medicine; the candidate must also have attended two complete courses of the following lectures in this Institution:—theory and practice of medicine; anatomy; materia medica and pharmacy; chemistry; surgery; obstetrics, and the diseases of women and children; institutes of medicine. Medical students who have attended one complete course in a respectable medical school, where the attendance on two complete courses is necessary to a degree, where the same branches are taught as in this, and which is placed upon the *ad eundem* of this school, are permitted to become candidates by an attendance here for one full course; the rules of graduation being in other respects observed. They are also exempted from the payment of fees upon attending a second term. The candidate, at the time of his application, must deliver to the Dean of the medical faculty a thesis on some medical subject. When a candidate is rejected, his essay will be retained by the medical faculty. Bad spelling in a thesis, or evidences of a want of literary culture, will preclude a candidate from examination for a degree. The voting on the case of each candidate is by ballot. Candidates who have not been successful upon a first examination, will be permitted to have a second, when all the classes have been disposed of by the faculty. The second examination will be conducted in full meeting of the Professors. Graduates of medical schools, on the *ad eundem* list, by attending one complete course in this Institution, and complying with the above regulations, are put upon the same footing with students who have attended two complete courses here. Such graduates, if of five years' standing, are permitted to attend the course of lectures, upon a general ticket of admission, free of expense, except the cost of the matriculating ticket. But this general ticket does not qualify for graduation.

Fees.—Fees for the Course of Lectures, $105; Matriculation Fee (paid only once), $5; Graduating Fee, $30.

JEFFERSON MEDICAL COLLEGE, PHILADELPHIA.

Robert M. Huston, M.D., Emeritus Prof. of Mat. Med.
Charles D. Meigs, M.D., Emeritus Prof. of Obstetrics.
Robley Dunglison, M.D., Prof. of Institutes of Medicine, etc.
Joseph Pancoast, M.D., Prof. of Surgical Anatomy.
Franklin Bache, M.D., Prof. of Chemistry.
Samuel D. Gross, M.D., Prof. of Surgery.
Thomas D. Mitchell, M.D., Prof. of Materia Medica.
S. Henry Dickson, M.D., Prof. of Practice of Medicine.
— — Prof. of Obstetrics.
Ellerslie Wallace, M.D., Demonstrator of Astronomy.

The next session of the Jefferson Medical College will commence on the second Monday, being the 13th day of October. The regular lectures will begin the day after. The session will terminate on the last day of February.

Clinical Advantages.—The General Dispensary of the College, which the students of the College have the exclusive privilege of attending gratuitously, will be in active operation from the commencement of September. The College Clinic, connected with this, affords admirable opportunities for the student to learn the practical parts of his profession. The clinic is richly supplied with medical and surgical cases. For certain cases, the faculty have provided hospital accommodations in a building in immediate connexion with the College—thus enabling the surgeons to perform not only the minor, but the more serious operations, as lithotomy, amputation, etc., before the class, without risk to the patient. Free attendance at the Pennsylvania Hospital and the Philadelphia Hospital. Professor Pancoast is one of the surgeons of the former; and Prof. Gross of the latter.

Graduation.—The candidate must be of good moral character, and at least twenty-one years of age. He must have attended two full courses of lectures in some regular and respectable medical school, one of which shall have been in this College, and must exhibit his tickets, or other adequate evidence thereof, to the Dean of the faculty. He must have studied medicine for not less than three years, and have attended at least one course of clinical instruction in an institution approved by the faculty. He must present to the Dean of the faculty a thesis of his own composition, correctly written, and in his own handwriting, on some medical subject; and exhibit to the faculty, at his examination, satisfactory evidence of his professional attainments. If, after examination for a degree, the candidate, on ballot, shall be found to have received three negative votes, he shall be entitled to a fresh examination.

Fees.—The fee to each member of the faculty is $15, payable in advance, making in the whole, $105; the Matriculation fee is $5, to be paid the first session only; the fee for the diploma is $30.

UNIVERSITY OF VERMONT.—MED. DEPARTMENT, BURLINGTON.

Rev. Calvin Pease, D.D., President.
Samuel White Thayer, Jr., M.D., Prof. of Anatomy.
Walter Carpenter, M.D., Prof. of the Theory and Practice of Medicine and Materia Medica.
David S. Conant, M.D., Prof. of Surgery.
Joseph Perkins, M.D., Prof. of Obstetrics.
Edward Hungerford, A.M., Prof. of Chemistry.
R. Cresson Stiles, M.D., Prof. of Phys. and Pathol.

The next annual course of lectures will commence the last Thursday, being the 22d February, and will be continued until Wednesday, June 6th.

Graduation.—There are two periods for conferring degrees; one, at the close of the annual course of lectures in June, the other at the close of the annual term of private instruction in Burlington. Candidates must have attended two full courses of lectures, one in this Institution—must have studied medicine three years with a regular physician, and have attained the age of twenty-one years. Each candidate is required to write a thesis upon some subject connected with the Science of Medicine, and deposit it with the Dean. Full and formal certificates of age, term of study, and of moral character, must be furnished.

Clinical Advantages.—On Saturday of each week a medical and surgical clinique will be held at the Medical College.

Fees.—At the commencement of the session, every student is required to take the Matriculation Ticket. Matriculation fee, $3; Dean's Certificate (entitling the holder to the Tickets of each Professor), $50; Graduation fee, $18. Students who have attended two full courses in other regular Medical Institutions, will be admitted upon payment of the Matriculation fee, and a fee of $10. Graduates of this and other regular Medical Schools are invited to attend the lectures free of charge.

*WASHINGTON (DISTRICT OF COLUMBIA).

NATIONAL MEDICAL COLLEGE, WASHINGTON.

T. Miller, M.D., Emerit. Prof. Anat. and Phys. and Con. S.
James J. Waring, M.D., Prof. of Obst. and Dis. of Women.
John G. F. Holston, M.D., Principles and Prac. of Surg.
John C. Riley, M.D., Prof. of Mat. Med., Ther., and Hygiene.
Nathan Smith Lincoln, M.D., Anatomy and Physiology.
Robert King Stone, M.D., Clinical Surgery.
A. T. P. Garnet, Clinical Medicine.
George M. Dove, M.D., Practice of Medicine.
George B. Schaffer, M.D., Chemistry.
Wm. E. Waters, M.D., Demonstrator of Anatomy.

Clinical Instruction.—The Faculty have adopted regular daily clinics at the bedside of patients.

Graduation.—The requisites for graduating are, that the candidate shall have attended the lectures of each professor two full courses, or one full course in this school, and one full course in some other respectable institution. He must have a fair moral character, and he shall have dissected during at least one session. He shall deliver an inaugural dissertation upon some medical subject, and pass a satisfactory examination. All persons who have attended two full courses of lectures in this school are entitled to attend succeeding courses free of expense.

Fees.—The entire expense for a full course of lectures by all the professors, $90; single tickets, $15; Practical Anatomy, by the demonstrator, $10; Matriculating Fee, payable only once, $5; Graduating expenses, $25. No charge made for clinical lectures.

ARMY AND NAVY.

REGULATIONS FOR ADMISSION AND PROMOTION IN THE MEDICAL DEPARTMENT OF THE ARMY.

Boards of Medical Examiners are not convened at stated times, but whenever, in the opinion of the Surgeon-General and Secretary of War, the wants of the service render it necessary. Their meetings are usually held in New York or Philadelphia, which points have generally proved the most convenient for a majority of the applicants; but they may be, and have been, held in Richmond, Newport, Ky., St. Louis, and other places, at the option of the Secretary of War. These Boards are governed in their proceedings by the Regulations for the Army, so far as applicable, but establish their own *modes* of examination. It is the practice first to ascertain whether the candidate is subject to any infirmity or disease, mental or physical, which would in any way disqualify him for performing efficiently the active and arduous duties of a medical officer. If the result be satisfactory, the professional examination follows; if unsatisfactory, the candidate is furnished with a certificate of the fact. The professional examination embraces Anatomy and Physiology, Principles and Practice of Surgery, Obstetricy, Materia Medica and Therapeutics, Chemistry, Medical Jurisprudence and Toxicology. General literary and scientific acquirements are essential; but no positive standard or limit in that particular has been established.

"An Act of Congress, Approved June 30, 1834."

Sec. 1. That from and after the passing of this Act, no person shall receive the appointment of Assistant-Surgeon in the army of the United States, unless he shall have been examined and approved by the Army Medical Board, to consist of not less than three Surgeons or Assistant-Surgeons, who shall be designated for that purpose by the Secretary of War; and no person shall receive the appointment of Surgeon in the army of the United States, unless he shall have served at least five years as an Assistant-Surgeon, and unless, also, he shall have been examined by an Army Medical Board, constituted as aforesaid.

Sec. 2. That the Surgeons in the army of the United States shall be entitled to receive the pay and emoluments of a Major; and the Assistant-Surgeons, who shall have served five years, shall be entitled to receive the pay and emoluments of a Captain; and those who shall have served less than five years, the pay and emoluments of a First Lieutenant; and that said Assistant-Surgeons shall be entitled to receive the same allowance for forage as they are at present entitled to.

Sec. 3. That every Surgeon and Assistant-Surgeon, who shall have served faithfully ten years in these grades, respectively, shall be entitled to receive an increase of rations per day, equal to the number of rations to which he may be entitled under this Act.

No person can receive the appointment of Assistant-Surgeon in the army of the United States unless he shall have been examined and approved by an Army Medical Board, to consist of not less than three Surgeons or Assistant-Surgeons, to be designated for that purpose by the Secretary of War; nor can any person receive the appointment of Surgeon in the Army of the United States unless he shall have served five years as an Assistant-Surgeon, and unless, also, he shall have been examined by an Army Medical Board, constituted as aforesaid.

Boards of Medical Examiners are convened at such times as the wants of the service render it necessary, when selections are made by the Secretary of War of the number of applicants to be examined for the appointment of Assistant-Surgeon. To the persons thus selected invitations are given to present themselves to the Board for examination. These invitations state the time and place of meeting of the Board.

Applicants must be between twenty-one and twenty-five years of age. The Board will scrutinize rigidly the moral habits, professional acquirements, and physical qualifications of the candidates, and report favorably in no case admitting of a reasonable doubt.

The Board will report the respective merits of the candidates in several branches of the examination, and their relative merit from the whole; agreeably whereto, if vacancies happen within two years thereafter, they will receive appointments and take rank in the Medical Corps.

An applicant failing at one examination may be allowed a second, after two years, but never a third.

Applications must be addressed to the Secretary of War; must state the residence of the applicant, and the date and place of his birth. They must also be accompanied (reference will receive no attention) by respectable testimonials of his possessing the moral and physical qualifications requisite for filling creditably the responsible station, and for performing ably the arduous and active duties of an officer of the Medical Staff.

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* Circular not received.

No allowance is made for the expenses of persons undergoing these examinations, as they are indispensable prerequisites to appointment; but those who are approved and receive appointments will be entitled to transportation on obeying their first order.

The pay and emoluments of Surgeons and Assistant-Surgeons are as follows:

Assistant-Surgeon under five years' service.—Pay per month, $53 33; number of rations per day, 4; amount of rations per month, $36; number of horses for which forage is allowed, 1; amount for forage per month, $8. *Servants.*—Number for which pay is allowed, 1; amount allowed for pay per month, $12; amount allowed for clothing per month, $2 50; amount allowed for rations per month, $9; total amount allowed per month, $23 50; aggregate amount receivable, $120 83.

Assistant-Surgeon, over five years' service.—Pay per month, $70; number of rations per day, 4; amount of rations per month, $36; number of horses for which forage is allowed, 1; amount of forage per month, $8. *Servants.*—Number for which pay is allowed, 1; amount allowed for pay per month, $12; amount allowed for clothing per month, $2 50; amount allowed for rations per month, $9; total amount allowed per month, $23 50; aggregate amuunt receivable, $137 50.

Assistant-Surgeon, over ten years' service.—Pay per month, $70; number of rations per day, 8; amount of rations, per month, $72; number of horses for which forage is allowed, 1; amount for forage per month, $8. *Servants.*—Number for which pay is allowed, 1; amount allowed for pay per month, $12; amount allowed for clothing per month, $2 50; amount allowed for rations per month, $9; total amount allowed per month, $23 60; aggregate amount receivable, $173 50.

Surgeon, under ten years' service.—Pay per month, $80; number of rations per day, 4; amount of rations per month, $36; number of horses for which forage is allowed, 3; amount for forage per month, $24. *Servants.*—Number for which pay is allowed, 2; amount allowed for pay per month, $24; amount allowed for clothing per month, $5; amount allowed for rations per month, $18; total amount allowed per month, $47; aggregate amount receivable, $187.

Surgeon, over ten years' service.—Pay per month, $80; number of rations per day, 8; amount of rations per month, 72; number of horses for which forage is allowed, 3; amount for forage per month, $24. *Servants.*—Number for which pay is allowed, 2; amount allowed for pay per month, $24; amount allowed for clothing per month, $5; amount allowed for rations per month, $18; total amount allowed per month, $47; aggregate amount receivable, $223.

The allowance for forage and servants is only paid to the Surgeons and Assistant-Surgeons when they actually employ and keep in service the number of servants and horses charged for.

In addition to the above, Surgeons and Assistant-Surgeons are allowed an additional ration per day after the termination of every five years' service.

REGULATIONS FOR ADMISSION AND PROMOTION IN THE MEDICAL DEPARTMENT OF THE NAVY.

It is prescribed by law that no person shall be appointed in this branch of the service who has not been examined and found qualified by a Board of Naval Surgeons, designated by the Secretary of the Navy.

A Board of Naval Surgeons will be assembled annually, at such place as may be indicated by the Department, usually about the close of the lecture season of the colleges, for the examination and selection of candidates for admission into the Medical Corps of the Navy, as well as for the examination of Assistant-Surgeons who may be candidates for promotion.

Application for permission to attend the examination for admission to the Medical Corps of the Navy must be addressed to the Secretary of the Navy, stating the age and residence of the applicant, and be accompanied by respectable testimonials of his possessing the moral and physical qualifications requisite for filling creditably the responsible position of a Medical Officer of the Navy.

The application of no one will be considered who is under twenty-one or over twenty-five years of age.

The permission will state the time and place of the meeting of the Board.

The Board rigidly scrutinizes the physical qualifications of each candidate, as well as his moral, mental, and professional fitness for the naval service; and reports favorably upon no case admitting of a reasonable doubt, as the health and lives of the officers and men of the navy are objects too important to be intrusted to ignorant or incompetent persons.

The Board reports the relative merit of the candidates as shown by the examination; and appointments will be made in the navy as vacancies may occur, in the order in which they may be reported by the Board.

No qualified condition will be held over for appointment beyond one year; if not appointed within that time, it will be necessary for the candidate to be re-examined, when he will take position with the class last examined.

Physical examination will precede the professional; no candidate, not physically qualified for the active duties of the service, will be examined professionally. The Board will make a separate report, in each case, of the physical condition, *direct* to the Department, to be placed on file with the testimonials of the candidate.

No allowance is made for the expenses of persons undergoing these examinations, as they are indispensable prerequisites to appointment.

After five years' service in the navy, at least two years of which shall have been passed "on board a public vessel of the United States at Sea," Assistant-Surgeons shall be entitled to an examination for promotion.

In order that the relative position of Assistant-Surgeons of the same date, who shall be examined for promotion at different times, may be more readily determined, a majority of the members of the Board will be selected, if practicable, from those who served on the next preceding Board.

Assistant-Surgeons, who are candidates for promotion, shall present to the board testimonials of correct deportment and habits of industry from the Surgeons with whom they have been associated on duty; also, a journal of practice, or case-book, in their own handwriting. They are expected to be familiar with the details of duty specified in the "Instructions for the Government of Medical Officers."

Any Assistant-Surgeon who shall fail to present himself for examination after he has been ordered (unless for reasons which may be satisfactory to the Department), or who, after examination, shall be reported by the Board as "not qualified" for promotion, shall be dropped from the list of officers of the Navy.

The pay of Assistant-Surgeons and Surgeons is established by Act of Congress, approved March 3, 1835, and is as follows:

Assistant-Surgeons.—Waiting orders, $650; at sea, $950; after passing and found qualified for promotion to Surgeon, $850; at sea, $1,200; when stationed at navy yards, hospitals, rendezvous, and receiving ships, $950; after being passed, and stationed as above, $1,150.

Surgeons.—For the first five years after the date of his commission, $1,000; for the second five years, $1,250; for the third five years, $1,400; for the fourth five years, $1,600; after he shall have been commissioned as a Surgeon twenty years and upwards, $1,800.

All Surgeons of the navy under orders for duty at navy yards, receiving vessels, rendezvous, or naval hospitals, shall have an increase of one-fourth of the foregoing amount of their respective annual pay, from the date of their acceptance of such orders.

All Surgeons of the navy ordered to any of the ships or vessels of the United States commissioned for sea service shall have an increase of one-third of the foregoing amount of their respective annual pay, from the date of their acceptance of such orders.

All Surgeons of the navy, ordered as Fleet Surgeons, shall have an increase of one-half of their respective annual pay, from the date of their acceptance of such orders.

In addition to the above, Surgeons and Assistant-Surgeons are allowed one ration per day when attached to vessels for sea service, and ten cents per mile for travelling expenses, if under orders of the Department.

MEDICAL SOCIETIES OF NEW YORK.

New York Academy of Medicine.—Dr. James Anderson, President. Dr. J. H. Hinton, Secretary.

This Society meets on the first and third Wednesdays of each month, in the Chapel of the University Buildings, Washington Square.

New York Pathological Society.—Dr. T. C. Finnell, President. Dr. Geo. F. Shrady, Secretary.

Meetings of this Society are held at the College of Physicians and Surgeons, on the 2d and 4th Wednesdays of each month, at 8 p.m.

Section of Surgery, Academy of Medicine.—Dr. J. R. Wood, President. Dr. J. P. Garrish, Secretary.

The Section meets at the house of Dr. Jas. R. Wood, 2 Irving Place, at 8 p.m., on the fourth Friday of each month.

Obstetric Section, Academy of Medicine.—Dr. S. D. Hubbard, President. Dr. M. G. Porter, Secretary.

Meets at the house of the President, on the 1st and 3d Mondays of the month, at 8 p.m.

Medical and Surgical Society.—Dr. T. M. Halsted, President. Dr. W. H. Draper, Secretary.

This Society meets at the houses of the different members, and is not of a public character. The meetings are held on the 1st and 3d Saturday evenings, at 8 p.m.

Medico-Chirurgical College.—A President is selected at each meeting. The sessions are held twice a month, at the houses of the members. Attendance is always limited to invitations.

New York County Medical Society.—Dr. A. Underhill, President. Dr. Guido Furman, Secretary.

Meetings are held at the College of Physicians and Surgeons.

HOSPITALS OF NEW YORK.

NEW YORK HOSPITAL, 319 BROADWAY.

Clinical Instruction daily at half-past one P.M.

Surgical Clinic, *Monday, Tuesday, Thursday, and Friday.* Medical Clinic, *Wednesday and Saturday.*

Physicians.—Joseph M. Smith, M.D.; Henry D. Bulkley, M.D.; John H. Griscom, M.D.; Thomas F. Cock, M.D.; T. B. Dash, M.D.; W. H. Draper, M.D.

Surgeons.—Gurdon Buck, M.D.; John Watson, M.D.; Thaddeus M. Halsted, M.D.; T. M. Markoe, M.D.; Willard Parker, M.D.; G. A. Peters, M.D.

BELLEVUE HOSPITAL, 26TH STREET, E. R.

Clinical Instruction daily at half-past one P.M.

Physicians.—A. Clark, M.D.; B. W. McCready, M.D.; I. E. Taylor, M.D.; G. T. Elliot, M.D.; B. F. Barker, M.D.; A. L. Loomis, M.D.; J. W. Green, M.D.; T. G. Thomas, M.D.; A. Flint, M.D.

Surgeons.—J. R. Wood, M.D.; L. A. Sayre, M.D.; J. J. Crane, M.D.; S. Smith, M.D.; W. Parker, M.D.; A. B. Mott, M.D.; C. T. Meier, M.D.; J. W. S. Gouley, M.D.; W. H. Church, M.D.; F. H. Hamilton, M.D.

NEW YORK EYE INFIRMARY, COR. 13TH STREET AND 2D AV.

Clinical Instruction at one P.M.

Clinical Days, *Monday, Wednesday, and Friday,* for the Eye, and *Tuesday and Saturday,* for the Ear, at 12 m.

Surgeons.—A. Du Bois, M.D.; T. M. Halsted, M.D.; C. R. Agnew, M.D., F. J. Bumstead.—*Assistant Surgeons:* J. H. Hinton, M.D.; H. D. Noyes, M.D.

NEW YORK OPHTHALMIC HOSPITAL, COR. 4TH AV. AND 28TH ST.

Clinical Instruction, Tuesdays, Thursdays, and Saturdays, at 1 o'clock, P.M.

Surgeons.—Drs. Stephenson and Garrish.

Army Medical Intelligence.

DEATH OF SURGEON W. J. H. WHITE, U.S. ARMY:

Surgeon-General's Office,
Washington, September 20, 1862.

Orders.—It is with feelings of profound grief that the Surgeon-General announces to the Medical Department the untimely death of Surgeon W. J. H. White, U. S. Army, who was killed at the battle of Antietam, on Wednesday, the 17th inst.

Surgeon White was appointed Assistant Surgeon in the Army on the 12th of March, 1850, and was ordered to New York city, to report to Surgeon Mower, then the principal Medical Purveyor of the Army. In August of the same year he sailed with recruits, under Colonel Craig, for Port Lavacca, Texas, and accompanied them to El Paso, whence he soon was ordered to accompany the escort to the Boundary Commission, as Medical Officer. Being relieved in May, 1851, from duty with that escort, he was assigned to Abiqui, New Mexico, and served at different posts in that Department (he was one of the pioneers of Fort Craig) until the year 1855, when he was ordered before the Medical Board at New York for examination for promotion. Having been examined and found qualified he received a short leave of absence, at the expiration of which (August 18, 1855) he was assigned to temporary duty at Fortress Monroe, and shortly afterwards received orders to sail with troops for Texas. In this Department he served at Fort Davis, San Antonio, Camp Colorado, Forts Duncan, McIntosh, and Clark, from which latter post he was relieved on the 19th of December, 1860, and ordered to report in person to the Surgeon-General.

In January, 1861, Dr. White arrived at Washington, and after having been some time on duty in the Surgeon-General's Office was detailed for duty with troops in this city. Here he was in charge of the General Hospital at the Washington Infirmary, and in addition to his duties in that hospital was detailed as member of the Army Medical Board, convened in this city for the examination of candidates for the position of Surgeon of Brigade, and for appointment in the Medical Staff of the Army.

On the 16th of April, 1862, he was appointed a surgeon to fill an original vacancy, and on the 23d of June, 1862, was ordered to report to the Head-Quarters Army of the Potomac, where he served as Medical Director of Franklin's corps, and it was while fulfilling the duties of this office that Surgeon White was killed on the field of battle.

The first Medical Officer of his corps who has fallen in battle during the present war, the Surgeon-General feels it no less his duty than his pleasure to bear tribute to the many estimable qualities which had endeared Dr. White to his brother officers. Amiable in disposition, and of talents and integrity unquestioned, Surgeon White performed every duty that devolved upon him during a service of more than twelve years to the entire satisfaction of this Department, which feels his loss as that of an officer not easily to be replaced.

As a tribute of respect to his memory the usual badge of mourning will be worn by the officers of the Medical Department for thirty days.

William A. Hammond,
Surgeon-General.

Changes.—Surgeon Horace R. Wirtz, U. S. Army, now in charge of the General Hospitals at Evansville, Indiana, has been directed to report to Major-General Grant, commanding the Army of the Mississippi, as Medical Director.

Surgeon Charles McMillan, Corps of Volunteer Surgeons, now on duty at the Headquarters of Major-General E. D. Morgan, has been ordered to report to Asst. Surgeon General Wood, at St. Louis, Mo.

Surgeon B. J. D. Irwin, U. S. Army, has been assigned to duty with Brigadier-General Steele, as Medical Director of the troops under his command.

Asst. Surgeon C. K. Winne, U. S. Army, has been directed to proceed to Evansville, Indiana, and relieve Surgeon H. R. Wirtz, U. S. A., in charge of the General Hospitals at that place.

Surgeon D. J. McKibben, Corps of Volunteer Surgeons, has reported for duty at Hilton Head, S. C.

Surgeon Josiah Curtis, Corps of Volunteer Surgeons, is at the National Hotel, Washington, sick.

Asst. Surgeon W. S. Thompson, of the Corps of Volunteer Surgeons, has reported for duty at the Fairfax Seminary Hospital, Va.

Medical Storekeeper George Wright, has entered upon his duties at the Purveying Depôt, New York city.

Asst. Surgeon Harrison Allen, U. S. Army, has been assigned to the Batteries of Artillery attached to Grover's Division, Heintzleman's Army Corps.

Asst. Surgeon Bolivar Knickerbocker has reported to the Medical Director at Washington, D.C., for duty.

Surgeon E. H. Abadie, U. S. A., arrived (from West Point, N. Y.) at Philadelphia, Pa. on the 30th ult., to assume the duty of President of the Army Medical Board for the examination of candidates fer the appointment of Assistant Surgeon in the Medical Staff of the Regular Army.

Asst. Surgeon S. H. Homor, U. S. Army, has reported for duty at the Ganeral Hospital, Patent Office, Washington, D.C.

Surgeon J. T. Heard, Corps of Volunteer Surgeons, reports on duty as Medical Director 2d Division 1st Army Corps, Sharpsburg, Md.

Surgeon F. M. Heister, Corps of Volunteer Surgeons, has reported for duty as Medical Director to Gen. Whipple, at Arlington, Va.

Surgeon E. McDonnell, U. S. Volunteer, has been assigned to the supervision of the hospitals at Sharpsburg, Md.

Surgeon Thomas H. Bache, U. S. Volunteers, has been ordered to report to the Medical Inspector-General, for duty as acting Medical Inspector.

Surgeon G. W. Stipp, U. S. Volunteers, has been ordered to report at the Headquarters of Major General McClellan, to relieve Surgeon Antisell, who, when relieved, will report to the Surgeon-General for orders.

Asst. Surgeon J. N. Miller, 120th New York Volunteers, has been ordered to report for duty to the Medical Director at Washington, D.C.

Asst. Surgeon J. W. S. Gouley, U. S. Army, has been ordered to report to the Medical Director in Washington, to relieve Surgeon Shippen, U. S. Volunteers, in charge of the Capitol Hospital. Surgeon Shippen on being relieved to report for duty at the Headquarters of the Army of the Potomac.

Surgeon A. Wynkoop, U. S. Volunteers, has been ordered to report to the Medical Director at Washington, D. C., for duty, in charge of the Cranch Hospital.

Assistant-Surgeon E. J. Marsh, U. S. Army, has been ordered to duty in the Georgetown College Hospital to report to Medical Director, Washington.

Assistant-Surgeon Josiah F. Kennedy has been ordered to report at the Headquarters of Major-General McClellan, and Assistant-Surgeon Joseph S. Smith, U.S.A., to report for duty to Surgeon John Campbell, U.S.A., at Bedloe's Island, N. Y. Harbor.

Assistant-Surgeon C. T. Alexander, U.S.A., Medical Purveyor at St. Louis, Mo., has been ordered to report to the Medical Board at Philadelphia, Pa., for examination for promotion.

Leave of Absence.—Leave of absence has been granted to the following Medical Officers:—

Assistant-Surgeon Edward J. Brooks, U.S.A. (lately in charge of Cranch Hospital in this city), for twenty days, on Surgeon's certificate of disability; and to Surgeon I. B. Peale, of the Corps of Volunteer Surgeons, for thirty days, on same certificate, by Special Orders No. 254, Adjutant-General's Office, September 22, 1862.

Surgeon S. G. I. DeCamp, U.S.A. (retired list), for thirty days, on Surgeon's certificate of disability. Special Orders No. 256, Adjutant-General's Office, September 23, 1862.

Assistant-Surgeon S. C. McCormick, of the 134th Pennsylvania Volunteers, for twenty days. Special Orders, No. 258, Adjutant-General's Office, September 24, 1862.

Resignations Accepted.—The resignations of the following named Medical Officers have been accepted by the President:—

Surgeon Wm. C. Thompson, of the Corps of Volunteer Surgeons, to take effect September 19, 1862. Special Orders No. 251, Adjutant-General's Office, September 20, 1862.

Surgeon David Prince, of the Corps of Volunteer Surgeons, to take effect September 22, 1862. Special Orders No. 256, Adjutant-General's Office, September 23, 1862.

Resignations Tendered.—The following named Medical Officers have tendered their resignations to the President:

1. Surgeon C. C. Beeken, 75th Pennsylvania Volunteers, on account of permanent disability.
2. Asst. Surgeon Josiah F. Kennedy, U.S.A., now in charge of Seminary Hospital, Georgetown, D.C., on account of ill health.

Mustered out.—The Secretary of War has directed that Surgeon A. J. Berry, 38th New York Volunteers, be mustered out of service.

Miscellaneous.—The Medical Director at Washington, D.C., has been directed to increase the accommodations of Cliffburne Hospital to the number of 1000 additional beds, by pitching Hospital Tents on the grounds adjoining.

The Medical Purveyor at Washington, D.C., has received orders to send 1000 iron bedsteads to Frederick, Md.

The Secretary of War has directed the evacuation of the Hospital at the Capitol, so that the building may be purified and prepared for the use of Congress.

It is believed that orders will soon be given for the evacuation of the Hammond Hospital, at Point Lookout, Md., there being many objections against it as a winter residence for the sick.

Many of the applicants for appointments in the Corps of Volunteer Surgeons, who have received permits to appear before the Examining Board in St. Louis, having failed to appear at the time appointed for their examination, the Surgeon-General has directed that their names be dropped, if after a reasonable time they fail to give a satisfactory explanation of their non-appearance.

So much of "General Orders" No. 125, as dismisses Surgeon Edward B. Dalton, 36th New York Volunteers, is, by direction of the President, revoked.

MEDICAL DEPARTMENT OF THE WEST.

The following officers have been announced as Medical Directors of the Armies and Departments within the jurisdiction of the Assist. Surgeon-General, Colonel R. C. Wood, U.S.A., Chief of the Medical Department of the West; Surgeon W. J. Sloan, U.S.A., Department of the North-West; Surgeon Madison Mills, U.S.A., Department of Missouri; Surgeon B. J. D. Irwin, U.S.A., Army of the South-West; Surgeon L. H. Holden, U.S.A., Department of the Ohio; Surgeon Rob't Murray, U.S.A., Army of the Ohio; Surgeon H. R. Wirtz, U.S.A., Army of the Tennessee.

THE following Circular of instructions has been issued by the Assistant-Surgeon-General, Col. R. C. WOOD, U.S.A., to Medical Directors in the Department under his jurisdiction.

ASSIST. SURG. GENERAL'S OFFICE,
ST. LOUIS, MO., Oct. 2, 1862.

SIR:—The various Reports required for the information of this office have not been regularly received. The following specific instructions are issued for the information and government of the Medical Directors, appointed at the Headquarters of the Departments and Districts which are comprised within the jurisdiction of the Assistant-Surgeon-General.

Having been announced as Medical Director of ———, you will immediately issue such instructions to the Medical Directors of Army Corps and Divisions under your supervision, as will insure from them such promptness and regularity in their reports as will enable you to forward to this office, always in due time, the complete consolidated Reports and Returns required from you.

You will forward to this Office monthly consolidated Reports of sick and wounded, in accordance with forms prescribed by existing regulations: Consolidated monthly Returns of Medical Officers, in conformity with Form 17, Medical Regulations, giving *all* the information required in the "Note" appended to the Form. The Quarterly Reports of sick and wounded will be forwarded directly, as heretofore, to the Surgeon-General. You will instruct, however, the Medical Officers in charge of the General Hospitals in your Department to forward to this Office duplicates of the Weekly Reports required by the Surgeon-General. So much informality, neglect, or delay has heretofore prevailed in the transmission of the required reports, that it is necessary for you to enjoin upon all concerned, that promptness and regularity are in future demanded. The Reports required to be consolidated in this Office are expected by the Surgeon-General in due time, and proper form. Failure on your part to forward the Reports from your Department must be reported to the Surgeon-General, and it is expected that you will enforce the same system of accountability and individual responsibility upon all under your direction.

Very respectfully, your obedient servant,

[Signed,] R. C. Wood,
Assistant-Surgeon-General.

Medical News.

LINT.—At a special meeting of the Providence Medical Association, held at the office of Dr. C. W. Parsons on the 18th of September, 1862, the subject of Lint and its uses was discussed. It was voted, after general consultation, that Drs. Mauran and U. Parsons be a committee to express to the public the views of the Association on the subject. In accordance with this vote, the committee would state, that they fully indorse the very sensible views of their medical brethren of Boston, published in the Boston *Medical and Surgical Journal* of September 11, a summary of which was re-published on the 13th inst. in the *Providence Journal;* that the use of scraped or drawn lint, as recently prepared by our patriotic ladies, is rarely deemed necessary in modern surgery, and that its use in *hospital* practice has indeed been injurious rather than beneficial to the patient, especially as an application to suppurating wounds. On the field of battle, however, its use is common; and for that purpose they would now present an admirable substitute, abundant, cheap, and of easy manufacture, viz. the recently invented steam-rotted and bleached *flax-cotton.* Information in regard to this article may be obtained by addressing the Secretary of the R. I. Society for the Encouragement of Domestic Industry.

GARIBALDI'S WOUNDS.—The *Movimento* of Genoa publishes the following bulletin on the state of General Garibaldi's wounds, dated Varignano, September 13: "Nothing new in general. The suppuration is sufficiently abundant, and splinters are beginning to work themselves out." The *Press* of Vienna, of the 13th, contains the following: "We are indebted to a chance circumstance for some correct details respecting Garibaldi's state. A physician of this city received yesterday a minutely accurate description of Garibaldi's case drawn up by his medical attendants, with a request that he would give his opinion in writing, as personal motives prevent him from going to La Spezzia. The surgeon in question says that if the phlebitis formed at the lower part of the ankle cannot be overcome very speedily, amputation will be inevitable. He declares that the wound is very serious, and in even the most favorable issue must have unpleasant consequences; that, even supposing Garibaldi to escape amputation, he will be lamed for life, and subject to frequent attacks of pain. As nothing was said of the other wound, the probability is that it presents no dangerous symptoms.—*Brit. Jour.*

AN AMPUTATION TWO HUNDRED YEARS AGO.—In the Lac des Minimes, recently dug in the wood of Vincennes, the workmen discovered the foundation of a chapel of the convent, and near them two leaden coffins and a box of the same metal. On opening the coffins they were found to contain the embalmed bodies of a woman, about 35 years of age, and a girl of 9 or 10. The box bore the words, "Right arm of M. de Rambure, 1633." The bodies and arm had all been embalmed, and were in tolerable preservation. The arm had been cut straight through, without taking any part of the flesh and skin to turn over the stump as now practised. It is mentioned in Moreri's dictionary that M. Rambure, surnamed the Brave, who had distinguished himself in several battles, died in 1633, after having his arm amputated.—*Brit. Jour.*

DEATH FROM CHLOROFORM.—Last week an inquest was held at King's College Hospital by Mr. Bedford, on the body of Elizabeth Freed, aged seventeen. She was admitted in consequence of injuries received from a fall, and was suffering from a sephacelated wound. An operation being necessary, she was submitted to the influence of chloroform, which, as the patient was of a nervous temperament, was administered with great caution, in a short time after which she died. It appeared that she suffered from fatty degeneration of the heart. The verdict was given accordingly, with the remark that the chloroform was properly administered.—*Lancet*

NEW YORK COUNTY MEDICAL SOCIETY.—The Anniversary meeting of this society was held on Monday evening, Oct. 6, 1862, at the hall of the College of Physicians and Surgeons, when the following gentlemen were elected officers for the ensuing year:—*President*, ALFRED UNDERHILL, M.D.; *Vice-President*, C. HENSCHEL, M.D.; *Recording Secretary*, G. FURMAN, M.D.; *Corresponding Secretary*, H. S. DOWNS, M.D.; *Treasurer*, S. T. HUBBARD, M.D.; *Censors*, W. N. BLAKEMAN, M.D., T. C. FINNELL, M.D., I. E. TAYLOR, M.D., W. H. THOMSON, M.D., G. F. WOODWARD, M.D.

AN AMBULANCE SYSTEM.—The Committee of the Suffolk District Medical Society on the subject of the Ambulance system of the United States Army, have prepared the following memorial, which will be circulated for the signatures of the profession.

"The undersigned Physicians of Massachusetts, satisfied that the present system of Ambulance arrangements is extremely defective, and a cause of great suffering to our wounded soldiers, respectfully petition the Honorable Secretary of War to place the control of it in the hands of the Medical Department of the U. S. Army, with authority to organize a distinct Ambulance Corps."—*Bost. Jour.*

DR. ED. W. LAMBERT has been appointed Assistant Local Secretary for the New Sydenham Society, New York.

DEATH.

Montague.—On Saturday, Oct. 4th, after a short illness, **Mary Montague**, daughter **Dr. James M. Minor**, of Brooklyn, in the eighth year of her age.

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TO CORRESPONDENTS.

Communications have been received from Dr. R. K. Browne, U.S.A., New Orleans; Dr. I. A. B. Muse, Surgeon U.S. Gen. Hosp., New Orleans; Dr. L. H. Bodeman, New York; Dr. Chas. Bower, Surg. 6th Reg. Penn. Reserve Vol. Corps; Dr. Fred. W. Morris, Nova Scotia; Dr. H. G. Westlake, Hillsdale, N.Y.; Dr. Addison Niles, Quincey, Ill.

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METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 29th day of September to the 5th day of October, 1862.

Deaths.—Men, 87; women, 71; boys, 116; girls, 96; total, 370. Adults, 157; children, 212; males, 203; females, 167; colored, 5. Infants under two years of age, 146. Children born of native parents, 11; foreign, 179.

Among the causes of death we notice:—Apoplexy, 8; infantile convulsions, 28; croup, 14; diphtheria, 18; scarlet fever, 6; typhus and typhoid fevers, 18; consumption, 56; small-pox, 0; measles, 1; dropsy of head, 7; infantile marasmus, 27; cholera infantum, 22; inflammation of brain, 8; of bowels, 7; of lungs, 20; bronchitis, 8; congestion of brain, 6; of lungs, 3; erysipelas, 0; diarrhœa and dysentery, 18. 193 deaths occurred from acute diseases, and 26 from violent causes. 248 were native, and 122 foreign; of whom 75 came from Ireland; 42 died in the City Charities; of whom 12 were in Bellevue Hospital, and 9 died in the Immigrant Institution.

Abstract of the Atmospherical Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Sept. and Oct. 1862	Barometer.		Temperature.			Difference of dry and wet bulb. Thrm.		Wind.	Mean amount of cloud.	Humidity Sat'tion, 1000
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	In.	In.	°	°	°	°	°			
28th.	30.00	.10	66			5	6	N.E.	10	717
29th.	29.91	.12	71			10	17	N.W.	3	540
30th.	30.00	.10	66			5	10	N.	6	717
1st.	30.07	.12	57			1	2	N.E.	10	941
2d.	30.10	.06	58			2	3	N.E.	10	850
3d.	30.08	.05	67			2	4	NE to SW	7.7	860
4th.	30.01	.05	73			7	12	S. to S.W.	4	617

Remarks.—29th, Foggy and sultry A.M., dry P.M. 30th, Fresh wind A.M., very light rain at 1½ P.M. 1st, Rain all day. 2d, Rain A.M. 3d, Rain A.M., clear late P.M. 4th, Variable day; light rain evening. Rain for the week, one inch and four-fifths.

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SPECIAL NOTICES.

Vermont Medical Society.—*The Annual Meeting of the Vermont Medical Society will be held at Montpelier, on the* 15*th and* 16*th days of October, commencing at* 9 *o'clock, A.M., on Wednesday, October* 15*th. Delegates are expected from the several New England State Societies, and also from the New York State Society. Those in attendance will be furnished with free return railroad tickets.*

Wm. M'Collom, Secretary.

The New York Academy of Medicine.—*The next topic for discussion on Albuminura will be its Relation to Pregnancy, to be opened by* Dr. G. T. Elliot, *on Wednesday,* 16*th inst., at* 8 *o'clock, P.M.*

New York Medical College.—*The Regular Term of this Institution will commence on Monday evening, October* 13*th, with an Introductory Lecture by* Prof. Holcomb.

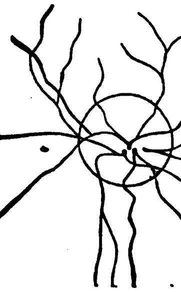
Bellevue Hospital Medical College.—*The Regular Term of this College will commence on Wednesday, October* 15*th. Further notice will be given in the daily papers.*

To the Medical Profession.—Dr. I. Parigot has changed his residence and is prepared to receive a very limited number of patients in his country house at Hastings, on the Hudson; he can be consulted in town at Dr. Douglas' Office, No. 12 Clinton Place, on Tuesdays and Saturdays, for Nervous Diseases and Medico-Legal questions.

New York Eye Infirmary,
2d AVENUE AND 13th STREET.
LECTURES for the coming winter will begin on WEDNESDAY, OCTOBER 22d. The Course will be made a complete resumé of
OPHTHALMIC MEDICINE AND SURGERY.
Lectures will be held on
MONDAY, WEDNESDAY, AND FRIDAY,
BY DRS. C. R. AGNEW, AND HENRY D. NOYES.
The means of illustration by colored plates, optical apparatus, and morbid specimens, are ample.
The surgeons have concluded to issue a diploma to those who attend the Lectures and can pass a satisfactory examination.
Fee for Lectures, ... $10.00
Diploma Fee, ... 5.00
DEMONSTRATIONS OF THE
INTERNAL DISEASES OF THE EYE,
WITH THE OPHTHALMOSCOPE,
will be made during the Lectures, while a more complete acquaintance with these diseases can be had in a private class with Dr. Noyes.
THE CLINIQUES OF THE INFIRMARY,
ON MONDAY, WEDNESDAY, AND FRIDAY,
are free to all medical men and students. More than 5,000 patients are treated annually.

New England Mutual Life Ins. Co.,
BOSTON AND NEW YORK, ORGANIZED 1843. ASSETS, $2,350,000. Documents showing the benefits of Life Insurance with the advantages of the Mutual plan, and the superior position and marked success of this Co., and explaining the different kinds of Policies with their methods of payment, may be obtained free of expense, upon application, either personally or by mail, to JOHN HOPPER, Agent and Attorney for the Co., Metropolitan Bank Building, 110 Broadway, New York. ☞ *Parties at a distance may insure from Blanks, which will be forwarded free of expense.*

American Journal of Ophthalmology
JULIUS HOMBERGER, M.D., Editor.



No. 2, for September, just published.
Subscription Price for one year (six numbers), $2.00; sample numbers free.
BAILLIERE BROTHERS,
440 Broadway, New York.

Private Instruction in Auscultation,
PERCUSSION, ETC. PROFESSOR FLINT will give Private Courses of Instruction in Auscultation, Percussion, etc., to Medical Students and Practitioners desirous of becoming practically acquainted with Physical Signs and their application to the diagnosis of Diseases of the Lungs and Heart.
A course of instruction will consist of twenty-five lessons, all to be given in the Hospital Wards. The lessons will embrace explanations, demonstrations, and examinations. Each member of the class will have abundant opportunity of verifying the Signs described and pointed out—in this way acquiring, in a short space of time, a thorough practical knowledge of the subject; and, in order that the size of the classes shall not interfere with this object, each class will be limited to twelve members.
The lessons will be given at hours which are not occupied by lectures at the Colleges.
Fee for a course of twenty-five lessons, $25.
Bellevue Hospital Medical College.

Dr. Churchill's Hypophosphites.
PREVENTION AND CURE OF CONSUMPTION
A supply of these important medicines,
SYRUP OF HYPOPHOSPHITE OF SODA,
SYPUP OF HYPOPHOSPHITE OF LIME,
PILLS OF HYPOPHOSPHITE OF QUININE,
PILLS OF HYPOPHOSPHITE OF MANGANESE,
has arrived from Paris with directions for use. Persons suffering from chest affections can now procure the above preparations genuine, as used by Dr. Churchill.
Messrs. Hegeman & Co., Broadway, New York, Mr. F. Brown, corner of Fifth and Chestnut Streets, Philadelphia; Messrs. T. Metcalfe & Co., Boston; Messrs. J. T. Brown & Sons, 425 Washington Street, Boston.
Wholesale orders to be addressed to H. H. SWANN, Pharmacien, 12 rue Castiglione, Paris.

University of Buffalo. Medical Department.

—Session 1862–63. The Annual Course of Lectures in this Institution commences on the First Wednesday in November, and continues sixteen weeks. The dissecting room will be opened on the Second Wednesday in October.

Clinical Lectures at the Buffalo Hospital throughout the entire terms by Professors Moore and Rochester.

CHARLES B. COVENTRY, M.D., Emeritus Professor of Physiology and Medical Jurisprudence.
CHARLES A. LEE, M.D., Professor of Materia Medica.
JAMES P. WHITE, M.D., Professor of Obstetrics and Diseases of Women and Children.
GEORGE HADLEY, M.D., Professor of Chemistry and Pharmacy.
THOMAS F. ROCHESTER, M.D., Professor of the Principles and Practice of Medicine and Clinical Medicine.
EDWARD M. MOORE, M.D., Professor of the Principles and Practice of Surgery and Clinical Surgery.
SANDFORD EASTMAN, M.D., Professor of Anatomy.
JOSHUA R. LOTHROP, M.D., Lecturer on Materia Medica.
WILLIAM H. MASON, M.D., Professor of Physiology and Microscopical Anatomy.
SAMUEL W. WETMORE, M.D., Demonstrator of Anatomy.

The fees for the tickets of all the professors, inclusive of the hospital ticket, amount to $70; matriculation fee (annually) $5.

Students who have attended a full course of Lectures in this or any other institution, will be received on payment of $50. The fee for those who have attended two courses elsewhere is $25.

Graduation fee $20. Demonstrator's fee $5.

SANDFORD EASTMAN, M.D., *Dean of the Faculty.*
Buffalo, *Sept.* 1862.

Medical Department of the University of Michigan

—Session 1862–63. The Lectures in this Medical School will commence on the 1st day of October, and continue until the last Wednesday in March.

REV. HENRY P. TAPPAN, D.D., LL.D.
President of the University.

Officers and Members of the Medical Faculty.

Dean, SILAS H. DOUGLASS, M.D.
Secretary, ALONZO B. PALMER, M.D.

ZINA PITCHER, M.D., Emeritus Professor of the Institutes of Medicine and Obstetrics.
ABRAM SAGER, M.D., Professor of Obstetrics and Diseases of Women and Children.
SILAS H. DOUGLASS, M.D., Professor of Chemistry, Pharmacy, and Toxicology.
MOSES GUNN, M.D., Professor of Surgery.
ALONZO B. PALMER, M.D., Professor of the Theory and Practice of Medicine and Pathology.
CORYDON L. FORD, M.D., Professor of Anatomy,
SAMUEL G. ARMOR, M.D., Professor of the Institutes of Medicine and Materia Medica.
HON. THOMAS M. COOLEY, Professor of Medical Jurisprudence.
ALFRED DuBOIS, M.A., Assistant Professor of Chemistry.
WILLIAM LEWITT, M.D., Demonstrator of Anatomy.
PRESTON B. ROSE, M.D., } Assistants in the Chemical Department.
JOHN W. LANGLEY, B.S., }

FEES.

Matriculation (paid but once)	$10 00
Incidental Expenses	5 00
Demonstrator's Ticket (for those studying Practical Anatomy)	3 00
Graduation Parchment	3 00

The Professorships being supported from the Public University Fund, Tuition is *gratuitous.*

For further particulars inquire of the Dean, Ann Arbor, Michigan.

New York College of Pharmacy.

SESSION OF 1862–63.

The College of Pharmacy, chartered for the express purpose of "cultivating, improving, and making known a knowledge of Pharmacy, in its collateral branches of science, and the best modes of preparing medicines and their compounds, and giving instruction in the same by Public Lectures," has, in pursuance of these objects, made the following arrangements for the approaching Session, which will, it is hoped, meet the approval and support of all who desire, not only to improve themselves, but to see the general advancement of the science of Pharmacy in this country.

The Thirty-Third Annual Course of Lectures of this College will commence October 13, 1862, and be continued until the middle of March, 1863, at their Lecture Room, in the University Building, corner of University Place and Waverley Place.

The Introductory Address will be delivered by Prof. F. F. Mayer, on Monday, October 13, 1862, at half-past 7 o'clock, P.M. The regular lectures will be given on Mondays, Wednesdays, and Fridays, at 7 and 8 o'clock, P.M.

FERDINAND F. MAYER, *Prof. of Chemistry.*
JOHN M. MAISCH, *Prof. of Mat. Med. and Pharmacy.*

PRICE OF TICKETS.

For either Course, singly,	$10
For both Courses,	$15

For further information apply to, or address the Secretary,

P. W. BEDFORD,
745 *Sixth Avenue, N. Y.*

College of Physicians and Surgeons.

MEDICAL DEPARTMENT OF COLUMBIA COLLEGE.
Corner of Twenty-third Street and Fourth Avenue, New York.
Session of 1862–3.

EDWARD DELAFIELD, M.D., President, and Professor Emeritus of Obstetrics.
ALEXANDER H. STEVENS, M.D., LL.D., Professor Emeritus of Clinical Surgery.
JOHN TORREY, M.D., LL.D., Professor Emeritus of Chemistry and Botany.
JOSEPH MATHER SMITH, M.D., Professor of Materia Medica and Clinical Medicine.
ROBERT WATTS, M.D., Professor of Anatomy.
WILLARD PARKER, M.D., Professor of the Principles and Practice of Surgery and Surgical Anatomy.
CHANDLER R. GILMAN, M.D., Professor of Obstetrics, the Diseases of Women and Children, and Medical Jurisprudence.
ALONZO CLARK, M.D., Professor of Pathology and Practical Medicine.
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SAMUEL ST. JOHN, M.D., Professor of Chemistry.
THOS. M. MARKOE, M.D., Adjunct Professor of Surgery.
HENRY B. SANDS, M.D., Demonstrator of Anatomy.

The Preliminary Term for the Session of 1862–3 will commence on MONDAY, SEPTEMBER 22, and continue four weeks, until the opening of the Regular Term in October.

The Regular Term will commence on MONDAY, OCTOBER 20, and continue until the *second* Thursday of March, following.

Fees for a Full Course of Lectures, $105; Matriculation, $5; Graduation, $30.

SAMUEL ST. JOHN, M.D., *Secretary of the Faculty.*

Students of the College are admitted to *all the Clinical Instruction* given in the New York and Bellevue Hospitals on the same basis as heretofore. At the New York Hospital, Drs. Smith, Parker, and Markoe, and at the Bellevue Hospital, Drs. Parker and Clark, are members of the attending staffs.

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The next Annual Course of Lectures will commence on Monday, October 20, 1862, and will terminate in the early part of March, 1863.

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CHARLES A. BUDD., M.D., Professor of the Theory and Practice of Midwifery.
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WM. F. HOLCOMB, M.D., Professor of Ophthalmic and Aural Surgery.
SAMUEL R. PERCY, M.D., Professor of Materia Medica and Therapeutics.
HENRY G. COX, M.D., Professor of Theory and Practice and Clinical Medicine.
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JAMES E. STEELE, M.D., Demonstrator of Anatomy and Curator of the Museum.
GEORGE WOOD JEWETT, M.D., Assistant to the Professor of Midwifery.
WM. BALSER, M.D., Assistant to the Professor of Infantile Pathology.
F. S. SNEADE, Janitor.

A preliminary term will commence on Monday, September 15th, and continue until the Regular term begins. This Course will be GRATIS to those students who intend taking a full winter Course, and will be as follows;—

On Amputations, by	Prof. Carnochan.
" Gunshot Wounds, by	Prof. Raphael.
" Pregnancy, by	Prof. Budd.
" Diseases of the New Born, by	Prof. Jacobi.
" Bandaging, by	Prof. Holcomb.
" Anatomy of the Regions, by	Prof. Smith.

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Original Lectures.

LECTURES
ON THE
DIAGNOSIS OF DISEASES OF THE HEART.

DELIVERED AT THE
BELLEVUE HOSPITAL MEDICAL COLLEGE DURING THE PRELIMINARY TERM.
SESSION 1862–63.

By AUSTIN FLINT, M.D.

PROFESSOR OF THE PRINCIPLES AND PRACTICE OF MEDICINE.]

LECTURE II.

Recapitulation.—Circumstances Extrinsic to the Heart affecting the Situation of the Apex-Beat, and the Size of the Superficial Cardiac Space.—Liability of Confounding Distension of the Pericardial Sac with Enlargement of the Heart.—Enlargement of the Heart resolvable into Two Divisions, viz. Enlargement with Predominant Hypertrophy, and Enlargement with Predominant Dilatation.—Importance of Discriminating these Two Forms of Enlargement.—Signs of Hypertrophy.—Signs of Dilatation.—Case Illustrating Signs of Hypertrophy.—Symptoms of Hypertrophy and Dilatation respectively.—Rhythmical Succession of the Two Normal Heart Sounds.—Characters belonging respectively to the First and Second Sound, as heard over the Apex.—The Two Sounds and Intervals as expressed in Fractions; as expressed in Musical Language.

GENTLEMEN:—In my last lecture I entered upon the consideration of enlargement of the heart. As preliminary to this subject I called your attention to the topographical relations of the heart. We inspected this organ *in situ*, in the cadaver, and I pointed out the boundaries of the superficial and deep cardiac spaces, and the situations of the base and apex as regards the thoracic walls. Then I indicated the mode of determining that the heart is not enlarged. You saw that physical methods of examination enable us to delineate on the chest of the living body the superficial and deep cardiac spaces, and to ascertain the situations of the apex and base; and if these relations of the heart are found to be normal, we have a right to conclude that the size of the organ is not increased. But if the heart be increased in size, the situation of the apex is altered, the base being comparatively unaffected; the boundaries of the superficial cardiac space are enlarged, and the lateral borders of the deep cardiac space, or, in other words, the limits of the space occupied by the heart, especially on the left side of the chest, are extended. These deviations from the normal relations of the heart, physical exploration enables us to ascertain, so as to determine the fact of enlargement, and also its amount, with sufficient precision for all practical purposes. In directing your attention to the cases of cardiac disease which will present themselves in this hospital, I shall have abundant occasions to repeat the simple means by which the existence and the degree of enlargement of the heart are ascertained. Before passing to an important branch of the subject I must notice certain extrinsic circumstances which may give rise to some of the signs of enlargement. The situation of the apex-beat may be altered by various abnormal conditions acting upon the heart. The diaphragm may be pushed upwards from below, on the left side, so that the apex-beat may be in the fourth, or even in the third, intercostal space. This is to be observed in the patient whom I now introduce. He has ascites and a greatly enlarged spleen. You see the apex-beat is in the fourth intercostal space. The same effect may be produced by pregnancy, by enlargement of the left lobe of the liver, by abdominal tumors, by intestinal tympanites, and by dilatation of the stomach. The apex-beat is also raised by atmospheric pressure on the abdominal walls, or, in other words, by suction, in cases in which there is considerable destruction of lung-substance from tuberculous or other pulmonary disease, and from the diminished volume of the left lung after pleurisy with effusion. A large accumulation of liquid in the right pleural sac may press upon the heart laterally, so as to remove the apex-beat to the left. This will be illustrated in a case of empyema which I shall exhibit to you to-morrow. Of course, we are to take cognizance of these extrinsic causes, and not consider the altered situation of the apex-beat alone, as evidence of enlargement of the heart. The same causes, too, it is obvious, will affect, to a greater or less extent, the situation of the left border of the heart. The area of the superficial cardiac space is also affected by extrinsic circumstances. In emphysema of the lungs it may be greatly diminished; the permanent dilatation of the upper lobe of the left lung may cause it to extend over the greater part of the anterior surface of the heart. On the other hand, in some cases of pulmonary tuberculosis, and after recovery from pleurisy, the left lung may shrink so as to leave a larger portion of the pericardial sac uncovered than in the normal state. In all cases due attention enables us to ascertain these extrinsic circumstances, and avoid the error of supposing enlargement of the heart to exist when it does not.

There is a source of possible error which I can best consider in another connexion. I refer to the liability of confounding distension of the pericardial sac from the presence of liquid, with enlargement of the heart. In cases of pericarditis with effusion, we have notable increase in the degree and extent of dulness on percussion in the præcordia. Without knowledge or care, this increased dulness might be attributed to enlargement of the heart. A proper acquaintance with the differential phenomena, and proper attention, should enable us to avoid this error. I cannot, however, consider the means of discrimination without anticipating points relating to pericarditis, and I shall therefore defer their consideration until I come to treat of the latter affection.

I now proceed to call your attention to an important distinction existing between different cases of enlargement of the heart. It is not enough, pathologically speaking, to say of a case that there exists enlargement. There are different kinds of enlargement. The heart may be enlarged simply in consequence of an abnormal thickness of its muscular walls. This condition is known as hypertrophy, and, if the increased volume be due exclusively to this cause, the case is said to be one of simple hypertrophy of the heart. On the other hand, the enlargement may proceed simply from dilatation of the centres, the walls being not increased, but perhaps diminished, in thickness. Then the case is said to be one of simple dilatation of the heart. On the table before me are two preparations from the Hospital museum, illustrating very finely these two forms of enlargement. In one of these preparations, you perceive the ventricular walls are much thicker than in health, while the ventricular cavities appear to be of the normal size. In the other preparation you see the cavities are enormously increased in size, while the walls are considerably thinner than in health. These are examples of simple hypertrophy and simple dilatation; but it is rare to find such examples. In the great majority of cases, hypertrophy and dilatation are combined. The two forms of enlargement are combined in variable relative proportions. Hence, Hope, and other authors on diseases of the heart, have subdivided cases into two classes in addition to the classes already named, to wit, simple hypertrophy and dilatation. One of these additional classes embraces cases in which the hypertrophy exceeds in amount the dilatation, and the other embraces cases in which the dilatation exceeds in amount the hypertrophy; the former being distinguished as hypertrophy with dilatation, and the latter as dilatation with hypertrophy. This seems to me to render the classification needlessly complicated. It answers every practical purpose to arrange all cases in two divisions, viz. cases of predominating hypertrophy, and cases of predominating dilatation;

including in these divisions the rare instances in which the hypertrophy and the dilatation are simple. I am accustomed to make this arrangement; and the inquiry will now arise, how are we to differentiate, in practice, cases of enlargement in which hypertrophy predominates, and cases in which dilatation predominates? A few words, in the first place, with respect to the importance of this discrimination.

It is by no means a matter of indifference, as regards the gravity of the patient's condition, whether hypertrophy or dilatation predominate. When we come to consider hereafter the pathology of diseases of the heart, we shall see that enlargement by hypertrophy, occurring, as it does, generally in connexion with valvular lesions, is a conservative provision, preventing or postponing evils which would otherwise ensue as effects of these lesions. The hypertrophy involves augmented power of the heart's action, and in this way enables the heart to carry on the circulation, notwithstanding the obstructions and regurgitations incidental to valvular lesions. Dilatation, on the contrary, weakens the heart's action; the circulation is enfeebled in proportion to the amount of dilatation. A large share of the evils, and much of the danger of organic affections of the heart, arise from the weakness of the organ proceeding from dilatation. We shall see, hereafter, that, as a rule, when enlargement is occasioned by valvular lesions, hypertrophy occurs first, and subsequently dilatation; the latter becomes predominant after the thickness of the walls of the heart has reached the limit of abnormal growth. It is, therefore, of very great importance, in order to form a correct opinion of the condition of a patient affected with enlargement of the heart, to determine whether the enlargement involve predominant hypertrophy or predominant dilatation. How is this point to be determined?

Having ascertained by the rules already laid down that the heart is enlarged, in determining whether hypertrophy or dilatation predominate, we are guided, mainly, by the signs and symptoms which denote, on the one hand, increased power, or on the other hand, weakness of the heart's action. Increased power may be shown by the strength of the apex-beat. Placing the finger in the intercostal space, in which this beat is felt, we are sensible of an abnormal force of impulsion. In some cases, however, the apex-beat may be feeble, although hypertrophy predominates, in consequence of a change in the form of the heart, produced by the enlargement; the organ assumes a more globular form, and the pointed extremity being lost, the impulsion may be weak. But other impulses are usually felt. If the apex-beat be in the sixth or seventh intercostal space, impulses are felt in one, two, or three of the intercostal spaces situated above the situation of the apex. These impulses are strong in proportion to the predominance of the hypertrophy. Not unfrequently a cardiac impulse, more or less strong, is felt in the epigastrium; this occurs especially when the right ventricle is hypertrophied. Not only are strong impulses felt in the intercostal spaces, but the ribs are raised by the systolic contractions of the ventricles. The whole præcordia, in some cases, has a heaving movement; the hand or head, when applied to it, being elevated with a degree of force, showing that the heart is acting with abnormal power. An important distinction, here, relates to increased strength due to hypertrophy, and increased activity due to functional excitement. In cases of palpitation, without organic disease, the heart appears to strike against the thoracic walls with great force; this is excited action, not augmented power. It is not difficult to make this distinction practically, but, in determining the existence of hypertrophy, we have the fact of enlargement to guide us, while in merely functional excitement the heart is not enlarged. The signs, then, which denote that enlargement of the heart is due to predominant hypertrophy, are: abnormal strength of the apex-beat, strong impulses in other intercostal spaces, and raising of the ribs or more or less powerful heaving of the præcordia—these signs proceeding from augmented power of the contractions of the ventricles, derived from the increased growth of muscular structure.

On the other hand, the signs denoting weakness of the heart's action in cases of enlargement with predominant dilatation, are: want of strength in the apex-beat, together with feebleness of impulse elsewhere or their absence, and slight or no heaving of the præcordia. The enlargement is generally greater than in cases in which hypertrophy predominates, and, if the thoracic walls are thin, the movements of the greatly dilated heart, as seen and felt in the intercostal spaces, are undulations rather than impulses.

There are certain corroborative signs pertaining to the heart-sounds, denoting on the one hand hypertrophy, and on the other hand dilatation, which I shall notice hereafter when the heart-sounds have been considered. I shall have occasion to refer to enlargement of the heart in treating of valvular lesions, and I shall then illustrate a point connected with the present subject to which I have not as yet referred, viz. the means of determining that the enlargement is especially of the right or of the left side of the heart. In a large proportion of cases of enlargement, the right and left side of the organ are not equally increased in size; the hypertrophy or dilatation may be chiefly seated in, or even limited to, the left or the right ventricle. There are certain signs which frequently enable us to determine which of the two ventricles is especially enlarged. The consideration of these signs we must defer until the heart-sounds have been considered.

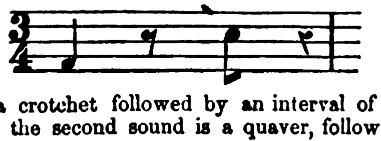
I shall now introduce a patient affected with enlargement of the heart. Reviewing the signs of enlargement as they are here illustrated, the question which follows is: Does hypertrophy or dilatation predominate in this case? Placing the finger in the sixth intercostal space, in which the apex-beat is felt, I feel the movements of the apex to be abnormally strong; it presses against my finger with force, and the movements are so marked as to be visible over the whole amphitheatre. Impulses are seen and felt in the fifth and fourth intercostal spaces; these impulses are quite strong. Placing my hand over the præcordia I feel a strong, heaving movement. In view of these signs, then, we may decide that hypertrophy predominates in this case. Patients affected with an enlargement of the heart in which dilatation predominates, are apt to be in a condition rendering it difficult to come into the amphitheatre. There are several in my wards, and I will call your attention to them at the bedside on my clinical days.

In discriminating between hypertrophy and dilatation, we are to take into account symptoms as well as signs. But with respect to symptoms I have to repeat a statement already made, viz. in the great majority of cases enlargement is associated with, and has been produced by, valvular lesions. The symptoms are dependent, to a greater or less extent, on the latter. Hypertrophy, without valvular lesions, is exceedingly rare, but instances do occur. I met with a marked example during the last summer, in a case in which sudden death occurred from congestive apoplexy. I exhibited the specimen to the Pathological Society; the walls of the left ventricle were more than an inch in thickness and the valves were perfectly sound. The person, a young man, appeared to be in perfect health after the moment of the apoplectic seizure. The symptoms belonging to simple, uncomplicated hypertrophy are those proceeding from abnormal power of the heart's action, viz. a strong arterial pulse, flushing of the face, a tendency to active congestion of vascular organs, especially the head, etc. But the case just referred to shows that marked hypertrophy may exist as a latent affection. Dilatation of the heart may also exist without valvular lesions, and the symptoms are those which proceed from weakness of the organ. These are: dyspnœa, from deficient power of the right ventricle, and accumulation of blood in the left auricle; general venous congestion from accumulation of blood in the right cavities of the heart, together with defective power of the left ventricle, and, as a result of this congestion, œdema and general dropsy. In extreme cases lividity of the prolabia and of the surface generally, is marked; the pulse is notably feeble, and there is a tendency to syncope. When these symptoms are present in cases of dilatation, associated with valvular lesions, they are due, in a great measure, to the former. Valvular lesions, in fact, do not, as a rule, lead to dyspnœa, lividity, syncope, and dropsy, etc., until, as a consequence of these lesions, dilatation has succeeded hypertrophy, and these symptomatic phenomena arise from the feebleness of the heart's action incidental to the dilatation.

Leaving, now, the subject of the enlargement of the heart, I shall proceed to ask your attention to the diagnosis of valvular lesions. And, as preliminary to the consideration of this subject, I must enter into some account of the normal heart-sounds. In order to understand the signs on which the diagnosis of valvular lesions is based, it is essential to know certain points relating to the normal sounds of the heart. These sounds are two in number, and they are usually called the *first* and *second* sound; sometimes the systolic and diastolic. Let me describe these sounds as they are heard by applying the ear or the stethoscope at the point where the apex-beat is seen or felt. I shall give the characters belonging to each of the sounds, and I will ask you to verify the correctness of my account for yourselves, which you can easily do by listening to them in the healthy chest. Applying the ear over the apex of the heart, you will hear two sounds following in quick succession, the interval between the two being so short as to be barely appreciable. Then follows a distinct interval. Now, the two sounds continue to occur uniformly in the same relation to each other, viz. separated by a very brief interval, and after the two sounds have occurred, there is a distinct interval. This succession of the first and second sound constitutes the rhythm of the heart-sounds. We will recur to this presently.

The two sounds, as heard in this situation, viz. over the apex, are not identical. I will mention the characters by which they are relatively distinguished, and ask you to verify them for yourselves. The first, or systolic sound, is louder than the second, or diastolic; it is longer, usually twice as long; it is lower in pitch, and it has a certain quality to which we may apply the name *booming*. The second, or diastolic sound, is less intense than the first, or systolic; it is shorter; it is higher in pitch, and it has a certain quality which we may call clicking or valvular. These characters are more or less marked in different persons, but they are sufficiently marked in most healthy chests. Again let me ask you to verify and to make yourselves practically familiar with them before my next lecture.

Returning, now, to the rhythmical succession of the two sounds, it is customary to represent them, together with the intervals, by the fractional parts of a unit. It is not practically important to do this, and all are not exactly agreed as regards the relative fractional value of the sounds and intervals. I will give the division which seems to me to be the most accurate. Reckoning as a unit the time which elapses from the first sound to its recurrence, called the beat or revolution of the heart, the duration of the first sound is $\frac{1}{3}$; the brief interval between the two sounds is $\frac{1}{6}$; the duration of the second sound is $\frac{1}{6}$, and the long interval or silence, is $\frac{1}{3}$. We may express the same fractional subdivision in musical language, thus:—The first



sound is a crotchet followed by an interval of a quaver rest; then the second sound is a quaver, followed by an interval of a crotchet rest.

The death of Dr. Josiah Trowbridge, of Buffalo, one of the oldest and most distinguished physicians of western New York is announced.

Original Communications.

REMARKS ON ALBUMINURIA,

MADE BEFORE THE NEW YORK ACADEMY OF MEDICINE.

By A. CLARK, M.D.,

PROF. OF PRACTICE AND PATHOLOGY.

(*Continued from* p. 187.)

Turning now to the other form of the disease, we have here an external and a sectional view of the contracted and hobnail kidney. It is contracted to about two-thirds its proper size. It does not seem to have undergone much change of color. It is contracted about equally in all directions, except that portions in points or lines have been retracted more than other parts, the effect of which is apparently to throw out, over the whole exterior, abundance of warty elevations and irregular eminences, separated from each other by little irregular valleys or rounded depressions. The vascularity has lost its network and circumlobular arrangement, and is grouped into stellate or branching forms, which occupy almost wholly the depressions. In some of these depressions are ecchymotic points, and on the upper half of the organ is an ecchymosis (subcapsular) of an inch and more in extent. The elevations vary in size from that of half a B B shot to that of half of a large pea. The capsule turned off is thicker, more opaque than natural, and has on the inner surface fragments of vessels that are common to it and the surface of the kidney. It was pretty firmly adherent. On section, it is noticed that the pyramids extend nearly to the external surface of the kidney, leaving the cortical layer a thickness of only about one eighth of an inch, and in some places less. They are compact, well defined, and whitened towards their apices. The whole organ is firm and resisting, so that thin sections are easily cut from it. The pelvic membrane is thick, whitish, and rather vascular. The color of the section, with the exception of the thin external border, is greyish rather than brown, while that of the cortical border is reddish brown. The vessels are well filled, but not congested.

Here finally I call your attention again to the horse-shoe kidney. The two parts together fall short of the size and weight of two healthy organs. The external view shows it small and smooth; the vessels not visible; the color singularly but accidentally changed to an olive, as has been already noticed. It is dotted over with yellowish grey spots. The capsule is thick and strong, and rather firmly adherent, but not vascular. The vascularity, however, cannot be fairly judged of from the present appearance, as the specimen was sent from Rhode Island, and had been two days removed from the body when it came under observation. The section shows some of the pyramids reaching fairly to the external surface, and others leaving the cortical layer of the average thickness. They are, like the last, compact and well defined, but not whitened towards their apices. The organ is tough, that is, difficult to tear, but not firm to pressure, so that thin sections are not easily made. The pelvic membrane is white and almost opaque, but shows no vessels. The color of the section is, in the main, the same as that of the external surface, and this being accidental and exceptional, we make no account of it as a feature of Bright's disease; but the section is dotted over with yellowish grey spots like those above noticed. These, as will be seen hereafter, are evidences of fatty and granular degeneration, and are a lesion of the enlarging kidney, though these specimens are of the fibrous variety.

I have now exhibited illustrations of the two leading forms of Bright's disease, and of the most important stages by which the extreme lesions in these two forms are reached. There is one condition more that is important, of which I have no illustrations. It is that state in which there is enlargement of the kidney without material change of color. All the vessels are full, and in a thin section the malpighian bodies are seen often as bright red spots retaining the blood, while it flows out of the cut veins. The kidney is loaded and distended with blood, but the characteristic exudations have not yet taken place. It is a state sometimes seen in the acute variety of the affection when death occurs early. Were it not for the symptoms, namely the œdema, the pale complexion, the albumen, the casts, and often blood in the urine, the varying indications of uræmia, etc., it might be considered congestion and nothing more. Regarded as a stage of Bright's disease, correctly no doubt, when the acute subsides into the chronic state, it is not to be inferred that this deep congestion is at all essential to the latter. The chronic affection usually comes on insidiously, with a congestion no doubt, but a congestion which in a degree falls far short of that here described.

Regarding the kidneys of normal size; to the eye alone, they usually present nothing very characteristic. Sometimes they are firm and hard; they may be set more or less thickly with greyish grains; the pyramids may be pale and firm in their internal halves; they may show by these or other appearances in which direction the disease is tending, but often, though the signs during life have been sufficiently manifest, after death the microscope alone can reveal the changes which have actually occurred.

I shall not stop here to indicate the points of resemblance and contrast between the small and the large kidney, for that can be much better done when we have studied the changes which the microscope discloses in each. I pass, therefore, now to this branch of our subject. I do not intend to give the individual analysis of the particular organs which have been thus far described, although my notes would enable me to do this; but to explain first what the changes are, and afterwards indicate somewhat statistically the relations of each of these changes to the different forms of the disease.

Here, as in the general description of the kidneys, fearing that words would not adequately present the facts to the mind, I have reduced all the characteristic appearances to pencil sketches, which I believe will be found truthful, though they may lack artistic elegance and finish. On these small cards are the drawings as they were made ten years ago for my own use in comparing one case with another. The numbers correspond with the numbers of the cases. On the large sheets hanging against the wall are magnified views of the most striking of the appearances from the cards. The representations on the cards are at a magnifying power of four hundred diameters.

Dr. George Johnson (Diseases of the Kidney, p. 323) has expressed the conviction that, although new fibrous tissue is sometimes developed in the kidney, its occurrence "is an unessential, and indeed, an accidental phenomenon, and that it has no important share in the atrophy," etc. But Frerichs' doubt regarding the existence of a normal fibrous matrix is, he says, "a piece of scepticism which I am at a loss to account for." Regarding the existence of the fibrous matrix, I, with him, am surprised that there should be any doubt. Since the publication by this Academy of the careful researches of the late lamented Isaacs, I cannot believe that any of its Fellows can hesitate on this point. But that a close observer like Dr. Johnson should not often have found the evidence of new fibrous tissue in diseased kidneys, and have seen the important morbid changes to which it gives rise, may justify me in quoting his comment on Frerichs' scepticism against himself.

In looking for new fibrous tissue in the kidney we are not, in the main, to look for marks which will distinguish the new from the old or normal. In some instances there is no difficulty in recognising oval nucleated cells which are produced into fibres in the direction of their long axis. These, though they are to be found in the normal matrix, sometimes exist in considerable quantity, and then, I believe, they indicate a rapid production of new fibres. The appearance of these bodies may be seen on many of the cards, and here on the large drawings. But in general the increase of the fibrous element is effected, whether by fibrillation or by fibre-cells, in such manner as to render any distinction between the old and new, or rather between the fibres that are normal in quantity and those that constitute the excess, impossible. This, however, is not peculiar to diseased kidneys. Nobody can teach us how to distinguish the normal fibres in cirrhosis, and separate them from those of the excess. The same is true of fibrous disease of the testis, indeed of all parts that have undergone this change. The excess seems to depend on an unnaturally rapid growth of fibres rather than on growth by any new laws. It depends on quantity, not on kind. The question then is, does disease ever cause an increased quantity of fibres to be laid down in the stroma or intertubular portions of the kidney? If it does, then another question follows; does this unnatural amount and new fibrous matter produce any changes in the form and function of the organ? Both these questions, I cannot doubt, must be answered in the affirmative. I am aware that we have not the means of demonstrating the facts with absolute certainty by count or measure, but after the inspection of a great number of kidneys, healthy and diseased, and an unbiased comparison of the two kinds, my judgment cannot exclude the impressions, even though somewhat general, of microscopic vision, any more than it can those of quantity and proportion in things that are under daily observation by ordinary sight. In making this statement I do not forget that if the tubes and vessels be dwarfed and shrunken, the quantity of fibrous tissue remaining normal, the latter may *appear* excessive, or that the decaying tubes may resemble fibres; but the possibility of such a mistake has been in my mind while I have been studying this point, and the conviction I have stated has been confirmed nevertheless. Further, I cannot but agree with those who ascribe this dwarfing and obliteration of tubes and vessels, no less than the diminished size, rugged surface, and hardened tissue of the kidney, to the contractile action of this overgrown structure of fibres. For the appearance of this morbid increase of a normal element I cannot do better than refer to Dr. Isaacs' drawings of the "Fibrous Matrix of the Kidney," as seen by him in the inferior animals and in man. (*Trans. of the N. Y. Acad. of Med.* Vol. I. Pt. IX. pp. 418—431.) In fig. 41 is shown this fibrous matrix in the quantity which, after extended search, he regards as normal. It will strike every one who uses the microscope that he often finds kidneys in which the fibrous element is not only in larger proportion, but is absolutely in marked excess over what is there represented. Indeed Dr. Isaacs, who worked by measure, if not by count, in his next figure shows the matrix in much larger quantity, and though he does not say that the organ was diseased, he goes on directly to recognise the fact that it may be (p. 428). "Thickening and induration of the matrix may produce injurious effects otherwise than by the constriction of the tubes and malpighian bodies," "by direct pressure on the vessel," etc. For me, then, the fibrous element is often in excess, and the fact is not manifest in the appreciable characters of the fibres, as seen by the microscope (except when there is an unusual production of nucleated fibres or fibre-cells), but in its abundance alone. This statement, however, is not applicable to the horse-shoe kidney just now described. In that, and in that alone, among these thirty cases, the fibres had a peculiar appearance. They were not only very abundant, but they had been formed in broad, irregular, distinct, branching, non-striated, glistening bands. Their existence was not uncertain, as it often is in healthy kidneys, but they were the conspicuous objects of every field, obtruding them upon the attention rather than waiting to be searched for.

Again, there is in Bright's disease a singular decay of the cells forming the ephithelial lining of the uriniferous tubes. They break up into fine granular matter. The view which I here indicate on the large sheets, and some of the figures on card No. 16, show the healthy cells. They are represented as lying one in contact with another, and the blendings can be but indistinctly seen, but they are so united as to make a complete tubular lining within and in contact with the delicate basement membrane which forms the outer boundary of the tube. They are of considerable thickness, so that in the small straight tubes they occupy one-half the diameter, leaving only a very small inner tube for the secretion to flow through. Each of these cells has its nucleus, and these nuclei are the most conspicuous parts of the cells on account of the distinctness with which they can be seen. These cells, it should be noticed, contain nothing that is visible but their nuclei, and here and there a minute globule of oil. Now mark the steps by which this granular decay is effected. Here is a view of these epithelial cells preserving the same relations to each other and to the basement membrane as in the healthy tubes, but they have lost something of their thickness. They are no longer transparent, but each cell is occupied by myriads of exceedingly minute grains. Curved lines still indicate the blendings of the cells in some parts, while in others these lines are lost in the general though incipient granular degeneration. The nuclei, however, are for the most part distinct, and mark the position of each cell. The nuclei have not become granular, but they have generally lost their nucleoli. A few of the cells do not contain a nucleus. From these in the progress of decay the nucleus has been discharged. The nuclei are undoubtedly susceptible of this granular degeneration, but most of them appear to be discharged before the process is completed in the cells. Next observe these several figures; the tubes are seen lined with a fine granular matter in which neither cell nor nucleus can be distinguished. The cells have been wholly destroyed, completely disintegrated, but the matter into which they have been transformed still adheres to the basement membrane, leaving the tube pervious. In these instances the nuclei have either partaken of the granular decay or have escaped. But this is not always the case, for not unfrequently in the midst of this granular matter the remains of nuclei can be seen, and also fragments of cells. It is worthy of particular attention that in tubes that are the seat of this granular decay there is no attempt at the reproduction of cells. No newly formed cell or nucleus can be seen pushing off the granular matter. The epithelium seems to be for ever lost, and the function of the tube permanently abolished or gravely modified. It is proper to remark here that no kidney ever has all its tubes in this condition. Many, even in the extremest case of this disease, still possess their epithelium but slightly changed or healthy. We have no means of studying the function of the healthy and granular tubes separately. If we had, here would be a condition which might lead us to a knowledge of the real duty and office of the epithelium. This granular matter is not unfrequently found to be mixed with a greater or less number of small oil globules. These tubes, you will notice, do not contain them, but those on the next sheet represent that concurrence. There is still another step in this morbid process. The figures I now indicate show the basement membrane entirely naked; not a granule, or globule, or cell, or nucleus can be seen upon it. One is entirely empty, but others still contain the granular matter rolled into various forms and occupying the centre of the tubes. In this it has assumed a club shape, comparatively a large cylinder below, half filling the tube and growing smaller as we follow it upwards. In that, it has been formed into rather a thin rod, straight, then curved at one extremity, but directly bent into zigzags crossing and recrossing the tube many times. Here again it should be noticed that though the basement membrane is denuded, having cast off the granular matter that lined and obscured it in the last figure, it exhibits no power even now to reproduce its epithelium. This stage of the granular degeneration is not so frequently seen as the empty tubes, but it is not very rare; I have met with it six times in the thirty cases, and with equal frequency in the cortical and tubular structures.

(To be Continued.)

NEGLECTED CASES.

By CHARLES F. TAYLOR, M.D.

OF NEW YORK.

INFANTILE PARALYSIS.

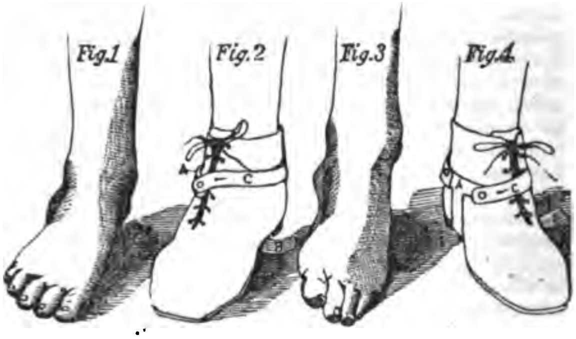
(Continued from page 189.)

With regard to treatment, there is but one idea to act upon. The development of every organ takes place in consequence of the use thereof. We must use the member. Rubbing and passive movements aid the circulation, and these feebly assist in its preservation, but cannot affect the conducting power, the nerve. We wish to develop the *nerve*. We must, therefore, exert the *will*. But the will does not penetrate, unaided, the deteriorated nervous tracts, but according to a powerful instinct, more readily traverses the accustomed, unobstructed nerves, and stimulates healthy muscles. This *instinct* to avoid using a paralysed member is more powerful than the *desire* to use it: hence the constant failure of unaided efforts. A patient when asked to perform any act with the paralysed member, instead of attempting it will immediately produce a motion resembling it, or analogous to it, but made with the unaffected parts. You can only accomplish the desired object of concentrating the volition upon paralysed muscles, by placing the patient in such positions and making the conditions generally such that it will be *difficult* to use the *unaffected* parts. In this way the instinct, instead of thwarting, aids the effort. And whatever skill there may be in the treatment of such cases, lies not so much merely in the theory, as in the tact with which these favoring conditions are sought out and adapted to particular cases; the *morale* of the patient and his hearty coöperation must be secured; till a decided acceleration has been given to the nutrition of the paralysed nerves and muscles. The particular methods by which this is done, especially in young children, depend too much on circumstances varying with each case and disposition, to be particularized here. In adults, where we have the coöperation of the intellect, these methods may be reduced to a more definite system; but here again we have lost so much by delay, in the increased atrophy of certain tissues, that the difficulties are always increased. Let me illustrate some of the difficulties to be encountered in the treatment of very young children, and how they are to be overcome.

A child of two and a half years old is presented for treatment, for it is quite possible to accomplish all desirable objects even at that early age. The paralysis we will suppose to be of the leg, which is shorter than the other, softer, smaller, and useless. The child has no more idea of using it than he has of engineering. He could not use it if he should try, and he does not know how to try; besides, he is too young to comprehend if he is told. He is peevish, wilful and spoiled in temper, because he has been lame; and since the electrician gave him the "shock" he screams and kicks (with the *well* leg!) at the very name of doctor. What shall be done with such a case? Speak to him and he runs away; leave him alone and he is crippled for life; seize him and endeavor to force him, and he uses himself vigorously—*except* the paralysed leg! My method is as follows. First let the child see you without making any advances to him, not even speaking to him, till he has become accustomed to your presence; never at any time attempt much familiarity with him. Take occasion, if he is timid, to pass near him, but not to touch him; then sit near him; never call him; but on a proper occasion, take him on your lap. If he tries to get away, put him off on the *other* side, so that he will gain no point with you. Thus he will get accustomed to being handled, and you leave the impression of having had your way. Very soon you can set him on his *well* foot—it must always be the *well* leg first—you put one of his arms around your neck for him to steady himself by; then with one arm around him and one having hold of his knee, you gently bend the knee forward, but protecting him so that he will get no apprehensions of falling. As his knee is thus pressed gently forward, he instinctively makes an effort to straighten it and is allowed to do so. Then the same is repeated till he gets accustomed to this kind of curtseying motion, a movement which requires a great effort, and uses powerfully all the muscles of the leg. You may have tried half a dozen times or half a dozen days before you have accomplished all this. But if you have been careful, kept your patience, and said nothing, you will have done it at last. In this way the child is taught what you wish of him; and when you turn him on to the paralysed leg he makes a similar effort to the one he has just learned to do with the other. At each step you must teach him by his instincts—as Rarey does the horse—for he can understand no other language. It is astonishing how readily they will learn; how vigorously and faithfully they will work; and, best of all, how rapidly they improve. It does not take long, generally, to teach a young child, like the one supposed, to do all necessary things. But, of course, it takes time and patience and considerable ingenuity to carry out such a treatment in all its thousand variations. A child soon learns to try whatever is required of him; but he must never be required to do that which he cannot easily accomplish. Each successive step must be made easy, and all chasms must be so well bridged over that he will shrink from nothing. In this way the development of the paralysed limb or muscle, as the case may be, must be kept up till the relative difference between it and the rest of the body is so far diminished that the patient begins voluntarily to use it; after that point is reached, the improvement will keep on spontaneously from the acceleration given to it by the treatment.

From a large experience in this class of cases, I am certain that, by carrying out the ideas above set forth with tact, ingenuity, and perseverance, the majority of these cases may be practically saved from becoming lifelong cripples. Here are the general principles only. The minutiæ of the treatment and illustrations of the various apparatus made to facilitate it, would take too much space to explain in an article like this.

But the one idea of *isolating* the paralysed muscles, to the utter exclusion of the others, should never be lost sight of for a moment. An indefinite, scattered volition has no curative effect whatever, because it fails to traverse the obstructed (so to speak) nervous tracts or to stimulate the more irritable muscles. The movement of the limb and the contraction of the muscle even, are always secondary, and are only a convenient method of securing the initial effect of the volition on the nerve. But the movement is not absolutely necessary; for if we could secure the same effort without it, the effect on the development would be nearly the same. I have seen several instances where the apparently completely atrophied muscle made no perceptible contraction, but after vigorous efforts, continued for a long time, would positively begin to increase in size, and finally exert its function. In one case, particularly, after the muscle had been for some time increasing in size, it suddenly, under my own eye, contracted, for the first time. It always retained the power and restored the usefulness of the member. One of the complications of infantile paralysis is a twisting of the ankle outwards or inwards, producing a species of talipes valgus, varus, etc., as the case may be. This deformity is produced by the unequal paralysis and consequent relaxation of certain muscles, rather than by the over-contraction of others, except that tonic contraction which always takes place when an antagonist relaxes its force. That is, I have never found any irritative contraction, such as we have in apoplectic paralysis, causing strong muscles to overpower their weaker antagonists: or in the foot, hand, and other parts. But there is great relaxation of the ankle-joint; the foot is easily twisted to one side, and, from the effects of position alone, certain muscles become permanently shortened, while others are correspondingly elongated. This deformity, if not remedied, is always unfortunate, as it still further prevents the use of the leg, by impeding locomotion, when otherwise it might be serviceable. Tenotomy, in some few cases, may be proper, but it is seldom so, partly on account of the great weakness of the joint which might be increased by the operation, and especially because in most cases this deformity can be cured without having recourse to this operation. The ordinary "leg irons" sold in the shops for these weak ankles are of very questionable utility. They are heavy, awkward, liable to break and get out of order; confining and preventing what little muscular action there might otherwise be, and above all, do nothing towards a cure. The most that can be said of them is that, holding the ankle from bending beyond a certain distance (they never entirely prevent it) they made progression possible in come cases. But in most cases, from the difficulty of putting on the shoe with its cumbrous apparatus, the foot is crowded down into the shoe in such a distorted manner that the weight is borne on the side instead of the sole, and the deformity is thus made worse. All instruments should be curative in their tendency, but this, at best, only temporarily aids progression in a very few cases.



The accompanying cuts illustrate a simple contrivance which I have used for several years, with perfect satisfaction. Figures 1 and 3 are good illustrations of these deformities of the foot and ankle, the result of infantile paralysis. In Fig. 1, the tibialis anticus and posticus, and in Fig. 3 the peronei muscles, are relatively more paralysed than their antagonists on the other side of the leg; and hence the ankle, not being supported on that side of the paralysed muscles, turns towards them, and away from those relatively stronger. In course of time the shortening of one set and the elongation of the other set of muscles become permanent. Thus we have talipes valgus (Fig. 1), or varus (Fig. 2). A proper treatment would seek to reverse this order of things, by efforts to expand the contracted muscles and to allow the elongated ones to shorten. This can be effectually done by a very cheap and simple means. Figures 2 and 4 represent the same feet shown at Figs. 1 and 3, dressed in a manner to accomplish these results, and at the same time to give a firm and secure basis on which the patient can with confidence stand; while, standing or walking, there is continually being effected something towards a cure. This contrivance consists of a piece of steel (*a*, *b*) riveted to the bottom of the shoe in contact with the heel; one end (*b*) passing out on the side towards which the ankle bends about one inch beyond the foot and pressing on the ground; while the other portion (*a*) presses up beside the foot to just below the ankle. Now, if we button the strap (*c*) around the ankle from one side of the top piece (*a*) to the other, the ankle must be held firmly up when the foot is pressed upon, being supported by the projection (*b*) resting on the ground. There is no getting away from it; for at each step, though the joint is perfectly free when the foot is taken up, whenever the foot comes down the projection (*b*) acts as a lever to turn the sole of the foot flat on the ground, while the other end (*a*) is thrown off, pulling after it the ankle held firmly by the strap (*c*). Thus, in Fig. 3, the foot would be turned *outward* as at Fig. 4; or in Fig. 1 it would be turned *inward* as shown at Fig. 2, and at each step stretching the peronei (Figs. 1 and 2) or the tibialis anticus, posticus, &c. (Figs. 3 and 4), as the case may be; and also gradually moulding the joint back to its proper shape and position; at the same time increasing instead of diminishing the motions of the muscles.

Progress of Medical Science.

RADICAL CURE OF EXOMPHALOS IN THE ADULT.

Dr. Patrick Heron Watson has given in the *Edinburgh Medical Journal*, the details of a novel operation for the cure of exomphalos in the adult. Dr. W. was requested last February to see a married woman, aged 35, who had a hernial protrusion in the situation of the umbilicus, about as large as a cocoa-nut with the husk. It was composed principally of bowel, but partly of omentum. About seven years before she had received a kick from a cow, immediately after which a protrusion showed itself in the situation referred to. It was always reducible, but she was never able by any contrivance to keep it in position. This was due partly to the size of the protruded contents and partly to a tendency which she had to obesity. The protrusion, from being comparatively small at first, gradually increased in size. The opening was large enough to admit the ends of the four fingers covered by the pouch of redundant skin. When walking about, the protrusion would hang down in front of her like a bag with the cicatrix of the umbilicus at its most dependent portion. The patient being extremely anxious to obtain relief by operation, Dr. W., from the condition of the parts, the opening being large, the amount of protrusion being great, and the absence of any canal between the sac and the abdominal cavity, did not think it advisable to attempt to follow the ordinary plans which are recommended for the treatment of hernia. He thus describes his method of procedure in this case:—

"It occurred to me, that by passing a wire backwards and forwards subintegumentally through the margin of the fibrous aperture, the parts might be drawn together, as the mouth of a bag or purse is by a string, so as to prevent all protrusion for the time, while such an amount of consolidation would occur as should effect the permanent occlusion of the opening. Accordingly, on the 20th of May, the patient having had her bowels freely evacuated, I reduced the hernial contents, and keeping them reduced by introducing the fingers of the left hand into the large circular opening, I passed the point and shaft of a needle in a fixed handle armed with stout silver wire, three times backwards and forwards, subcutaneously, through the upper half of the tendinous circumference of the aperture. The point of the needle was then carried outwards through the skin, and the wire disengaged. Having then withdrawn the needle, it was again armed with the other extremity of the same wire, and, introducing its point by the first cutaneous puncture, it was passed three times backwards and forwards through the lower half of the circumference of the tendinous opening, and made to emerge through the same cutaneous puncture as the end of the wire which had been first passed. In this way the aperture was surrounded by a loop of wire, and its margin so picked up as to admit of its being firmly drawn together. The two ends were now drawn by an assistant across each other, when the aperture was felt to become more and more contracted, until the little finger was tightly constricted; with a little more traction this opening was felt to become entirely occluded. The ends of the wire were now crossed two or three times, so as to twist them together, and thus prevent the opening from becoming relaxed. The ends were further crossed over a roller bandage, so as to admit of the wire being tightened, by twisting from day to day should this be requisite. To afford steady support, a pad was placed over the site of the hernial aperture, and a flannel bandage carried round the abdomen.

"As the immediate result of the operation the sac became distended with serous fluid and masses of lymph. But these were speedily removed by absorption without the employment of any treatment. Slight suppuration, however, occurred along the course of the wire, where it emerged from the skin, and a limited abscess formed beneath the skin, but external to the tendinous surface; this was opened—after which the parts cicatrized. At the end of the first week the wire was daily twisted more and more, and on the tenth day after the operation the wire came away of its own accord. The loose integumental texture which enveloped the hernia gradually contracted until the surface became quite level, and a mere thimble-like projection indicated the portion of the tissues which had been spread out over the rupture. On the 20th of March, eighteen days after the operation, the parts were perfectly consolidated. After this the patient was up every day and walked about; and by the 20th of April was so perfectly strong and well, as to be able to return to the country to resume her duties in the kitchen."

In oblique inguinal hernia, and in femoral hernia he does not think, owing to the peculiar anatomical arrangement of the parts, that the operation would be justifiable; the relation of the hernial sac to vascular parts rendering its performance attended with too great a risk. He, however, recommends it in cases of direct inguinal hernia. He says—

"In such cases, then, there seems to me to be nothing which should so absolutely interfere with the safety and success of the encircling of the fibrous textures constituting the mouth of the hernial sac in the manner already detailed, as to forbid its employment. The epigastric artery could alone come in the way, and might with moderate care be easily enough avoided, the finger being passed along with the integuments within the abdomen, so as to guide the point and passage of the needle. Having, however, had no occasion, since treating the case of exomphalos which I have detailed, and which led to the first employment of this method, to meet with any case of direct inguinal hernia which could not be retained by means of a well-fitting truss, I can only throw out these remarks with reference to the adoption of this plan in such cases, as a suggestion which, although it has no foundation in experience, may appear not unworthy of being tested in actual practice."

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Stated Meeting, June 25, 1862.

DR. T. C. FINNELL, PRESIDENT, IN THE CHAIR.

CANCER OF THE LIVER.

Dr. Loomis presented a specimen of a liver taken from an Irishwoman who entered Bellevue Hospital on the 19th inst. She stated that she had been well up to eighteen months before, when she began to have symptoms of dyspepsia. She vomited her food without its being changed; at the same time she suffered from pain, sometimes of a severe character. Two or three years previous to this she had felt a tumor in her right side, which, however, had not decreased up to the time the aforementioned symptoms developed themselves. She was the mother of four children, the youngest being three years of age. Her dyspeptic symptoms continued to increase in severity for five or six months, when she began to vomit a dark-looking fluid which she described as resembling coffee grounds. She began to lose flesh, her pains became more intense, and the tumor increased rapidly. Thus she lingered along gradually emaciating until the time of her admission. Her pulse was then imperceptible at the wrist, her tongue brown and dry. She was very much emaciated, and was unable to turn in bed without assistance. Her mind was clear and her skin was of a deeply bronzed hue, the sclerotic coat of the eye being of a deep yellow. She was unable to retain anything on her stomach, rejecting it almost immediately. Pain in the epigastrium was constantly complained of. On examination the abdomen was found evenly distended. Percussion in the lower portion detected the evidence of fluid. A tumor was also discovered in the epigastrium extending from one side to the other, and as low down as the umbilicus, the surface of which was nodulated and extremely tender. She lingered three days, and died in a state of coma. On making the autopsy, the heart and lungs were found perfectly healthy. The liver weighed eight pounds and twelve ounces, and was infiltrated with cancerous material. The mesenteric glands were filled with the same deposit, but were not very much enlarged. The uterus and ovaries were also the seats of cancerous deposits. No deposits were found in other parts of the body. The woman menstruated up to a year before her death.

Dr. Sands stated that he had made a post-mortem examination of a woman who had cancerous disease in both ovaries, and who was menstruating at the time of her death.

FIBRO-PLASTIC TUMOR.

Dr. Sands presented a cystic growth removed by Dr. Parker from the neck of a gentleman thirty years of age, in excellent health, and in whom the tumor appeared about a year ago. It was situated on the right side of the neck in front, beneath the angle of the jaw, almost directly over the situation of the common carotid at its place of division. The tumor was painless, and grew slowly, having in a year attained only the size of a walnut. It was elastic to the touch, and no one could say prior to its removal whether it contained fluid or not. It was always freely movable. Its removal was accomplished without difficulty. On being opened after removal, it was found to contain a soft solid material having a whitish color with a slight tinge of red. The growth was inclosed by a cyst wall, not secondary in its formation, not consisting merely of condensed areolar tissue, but one which was well marked and which peeled off half of the tumor, and displayed beneath a somewhat lobulated exterior. From the other half the cyst wall could not be peeled off so readily in consequence of its being formed of several small cysts. The microscopic appearances were those which are known to belong to fibro-plastic tumors.

EPITHELIAL AND TRUE CANCER COMBINED.

Dr. Sands presented a second specimen, which was mainly interesting on account of its microscopic appearances. The growth was removed by Dr. Parker from a gentleman fifty years of age. The patient had been the subject of four different operations for epithelial cancer of the lower lip. The last appearance of the disease first manifested itself about a year ago last December. The successive operations reduced the size of the lip so much that it was necessary to perform a plastic operation in the removal of the mass.

The microscopical appearances were very curious. There were the usual elements present of epithelial disease, but besides there were present structures which no one would hesitate to pronounce cancerous if they saw them alone. The cells were smaller than ordinary epithelial scales, and were furnished with large nuclei and nucleoli. Lebert and Hanover have both noticed the two forms of cancer intermingled.

BLOODY TUMOR OF THE NECK.

Dr. Conant presented a tumor removed from the neck of a patient at the clinic of the Medical Department of the University of Vermont, with the following history:—

J. B. G., aged sixty-five, presented himself May 30th to Dr. C. for advice in regard to a tumor situated on the right side of the neck. Upon careful examination the tumor was found to rest directly upon the common carotid artery from its commencement to the bifurcation. The sterno-cleido-mastoid muscle was crowded considerably outward, but rested upon a portion of the tumor. The omo-hyoid muscle could be distinctly felt traversing the tumor upwards and inwards, while the trachea and œsophagus were crowded considerably to the left side. so that breathing and deglutition were somewhat interfered with. This patient had consulted several surgeons, who had unanimously advised against an operation for its removal. The tumor had existed some five years, but had grown nearly one half during the past six months, and was beginning to trouble the patient so much that he had fully determined to have it removed. Professor Thayer and Dr. Steavens of Saint Alban's were requested to see the patient, when it was determined, after advising the patient of the dangers, to attempt the operation at the clinic on the following day. Dr. Hall of Saint Alban's, his family physician, was informed of the decision, and came to town to witness and assist in the operation. On Saturday the 31st, after disposing of other patients and operations, Mr. G. was placed upon the table, and ether administered by Dr. Hall. When the patient was fully under its influence, an incision was made over the median line of the tumor its whole length, carefully dissecting down with the grooved director through the superficial tissues. On arriving at the tumor, the forefinger was carried down under the lower end, when the pulsations of the arteria innominata could be distinctly felt. The tumor did not seem to be adherent to the carotid. The finger was then carried over the upper end of the tumor and down behind it, when the pulsations of the carotid were also distinctly felt. The two forefingers then swept the sides of the tumor, enucleating the whole mass completely from its bed. The whole operation occupied only thirteen minutes. Upon removing the pressure from the common carotid, the pulsations were extremely vigorous, producing a decided impression upon the whole right side of the neck. The hæmorrhage was considerable, and it was with difficulty that it could be controlled. After a long search it was found to come from a large branch of the superior thyroid artery, which had been the nutrient branch of the tumor. The perchloride of iron in solution was used to control the capillary hæmorrhage. From this the patient progressed favorably, and just three weeks after the operation returned home to his family.

Professor Stiles made a microscopical examination of the tumor, and found it to be a vascular degeneration of one of the deep cervical sympathetic glands—sometimes called bloody tumor of the neck.

Dr. Conant also presented a large tumor removed from the side of a female, with the following history. Miss A., aged thirty-six years, presented herself before the Medical Class in the University of Vermont on the day of the above operation, with a large tumor attached to the right side from the median line in front, to the median line behind over the crest of the ilium. The tumor was attached by a pedicle about sixteen inches long and four to five deep, and hung as low as the knee of the patient. It was somewhat pear-shaped, with the large extremity down, and was so heavy the patient had to lift it over herself when she wished to turn in bed. It was estimated that the mass would weigh thirty pounds.

The patient was just convalescing from measles, and it was thought best to take a week for preparation before attempting an operation for its removal.

ENORMOUS TUMOR OF THE SIDE.

She was again before the class on the fourth of the present month, when ether having been administered by Prof. Stiles, Dr. C., assisted by Prof. Allen and others, commenced the operation by first inserting strong bobbin through the entire pedicle at short distances, tying very tight the different sections as a precaution against hæmorrhage. Dr. C. had proposed for this purpose an iron screw clamp, but not being able to get one manufactured in season, adopted the above method; but the ligatures were not all satisfactory, as they were constantly giving way during the manipulation of the tumor, so that more than half of them were broken before the operation was completed. The tumor was removed with the écraseur of Chassaignac, dividing the pedicle into parts as large as the chain would surround; it required six segments to divide the whole. The hæmorrhage was very slight from the side of the patient, but the veins were numerous and large, and the hæmorrhage from the cut surface of the tumor was so great that they were obliged to be ligatured during the progress of the operation. The time consumed in removing the entire mass was two hours and ten minutes. The surface uncovered was some sixty-four square inches. The lips of the wound were brought together by strong sutures, and the patient removed to the anteroom; some hæmorrhage appearing, the wound was opened, and one bleeding vessel secured, after which there was no more trouble. She was removed on a lounge by members of the class to her boarding-house, and carefully watched three days. No unpleasant symptom arose, dry clothes only were kept applied to the wound, which healed by first intention for about four-fifths of its length. The rest suppurated and healed by granulation, and the patient returned home the second week after the operation. The patient was very thin and small in stature, weighing only about one hundred pounds before the operation. The tumor weighed twenty-five, so that one-fourth the entire weight was removed. Microscopic examination proved the diagnosis to be correct, and the tumor to be a hypertrophied integumental corium of a fibroma. The patient has numerous small ones in the skin over the body, and proposes to come down each spring and have the largest one removed.

American Medical Times.

SATURDAY, OCTOBER 18, 1862.

OUR DISPENSARY SYSTEM.

The sick poor of New York city have for more than seventy years enjoyed the benefits of medical charity in the shape of an organized dispensary system. Nothing has been spared in time, influence, or money, on the part of those philanthropic citizens who have taken an interest in these charities, to make them as comprehensive as possible. Numerous important suggestions have been carried out, and very many improvements made; and though there be room for many more, we have the gratification of knowing that we have as perfect and efficient an organization as can anywhere be found. With the rapid growth of our city and the large immigration of the poorer classes, gradually increased demands have been made upon us for the provision of the needy; and at present we can point to no less than six of these institutions which alike do honor to their common mother, the New-York Dispensary.

It is the gratifying privilege of the medical philanthropist to look back and count the great benefits which the community have derived from the outlay of money on the one hand and professional talent on the other. Aside from the relief to the poor in the abstract, the public owe to the dispensaries a debt of gratitude which can scarcely be appreciated.

It was only ten years after the foundation of the old City Dispensary that vaccination was offered every inhabitant of this city, and since that time the practice has been steadily kept up. The number of lives that have been saved, and the great check which vaccination has had upon the spread of the disease, can only be appreciated by comparing the statistics of the present day with those which were in existence before the great discovery of Jenner. The proportionate number who are vaccinated is increasing yearly, and we may soon hope to see the time when everyone shall wear the vaccination scar. If it were not for dispensaries where would have been obtained the vast supplies of virus that have been sent to our armies? The government appealed to these institutions in the emergency, and there was a prompt compliance with the demand. That part of the community, too, who do not belong to the class for which the charities are intended, are indirectly through their physicians dependent upon them for a supply of good vaccine virus. The care which the house physicians of the different institutions exercise in the selection of good points and scabs, and the character for reliability which they have deserved, is such, that our most substantial practitioners have been induced to rely upon them almost altogether for supplies.

Some time since we alluded to the objection which the trustees of our dispensaries had to the treatment of primary syphilis in these institutions. We now, however, understand that all objections to this measure have been removed, and that this class of unfortunates is properly cared for. It has been claimed by many that this will have a tendency to spread the vice by offering to those who are the victims of it, a safe and cheap cure. We cannot see the validity of this argument. The disease is shunned by every one, because there is a fear of it; and we cannot conceive of any one who is foolhardy enough to willingly run any risk of infection. Notwithstanding this fact, however, we see that illicit intercourse is still indulged in, each one hoping to escape disease—but it is only by virtue of this hope that he is willing to brave the risk. We cannot prevent the practice, but it is in our power to mitigate its effects. By timely treatment we eradicate the disease in that individual, save his constitution, and prevent the infection of others. That part of our duty seems plain enough. With the moral aspects of the question, however, we have nothing to do; neither do we consider it just that the trustees should assume all responsibility in the matter. Let us look at this question in another point of view. If we refuse to treat primary syphilis, constitutional symptoms will supervene, i. e. in most cases, and the remedies which must be used are not only expensive, but have to be long continued. For the primary sore only a drop or two of nitric acid or an application of nitrate of silver may be all that is required. It has been urged, too, that from these patients some remuneration should be exacted, inasmuch as the supposition is that they have necessarily made some outlay to expose themselves to the disease. Now, we know that the vast majority of such patients will sooner trust to some of the many quack nostrums than pay a medical man for advice. Hence, the disease too frequently takes its own course. This being the case the trustees, for want of a better one, must take the only course that is left, namely, the substitution of the lesser evil, the lack of remuneration, for the greater one, the spread of the disease. We believe, then, that the treatment of primary syphilis in our dispensaries will be productive of an immense deal of good. Another good effect of the dispensary system is apparent in the encouragement which it indirectly offers to labor, by treating so many as transient patients. Laborers, poor mechanics, and others who by virtue of their ailments can barely eke out a sustenance, are thus kept in their situations. The public have the value of their services, and the poor patient a certain amount of remuneration which would all be stopped if the treatment were carried on in any one of our hospitals.

Let us briefly glance, in conclusion, at the effects of the dispensary system upon the profession as a body. The advantages for practice are so obvious, and the facilities which are offered for the study of specialties are so apparent to every one, that they need from us only a passing allusion. Our most distinguished metropolitan physicians have built up the foundation of reputations by the connexion which they have formerly held with these very institutions.

It has been supposed that dispensary practice was very apt to bestow medical advice on many of those who were not really needy. That there are too many instances where the plea of poverty is unjustly taken advantage of we cannot deny; but we will undertake to say, that the value of such practice is fully made up to the physician by the salary which he receives. Again, aside from professional advancement and the like, the physician has a higher remuneration, paid in the coin of heartfelt thanks from his patients, which, as they accumulate upon his hand, give him the proud satisfaction of having proved the meaning of the saying in Scripture: "I was sick and ye visited me."

THE WEEK.

The Commission appointed by the Surgeon-General to devise a method of expending the fund appropriated by Congress for the purchase of wooden limbs for soldiers, recently held a meeting in this city. It consisted of the following eminent surgeons: Drs. Van Buren, Gross, J. M. Warren, and Satterlee. After examining the subject they resolved to allow the patient fifty dollars for a lower, and twenty-five dollars for an upper extremity. The following artificial limb manufacturers were selected to supply limbs, viz. Dr. E. D. Hudson, New York, Dr. Douglas Bly and Mr. Selpho, New York, Mr. Douglass, Springfield, Mass., and Mr. Palmer, Philadelphia. The patient is at liberty to apply to either of these manufacturers, but if the price which they demand for a given limb exceeds the amount allowed, the patient, or his friends, must make up the deficiency. This arrangement is very judicious, and will lead to a proper use of the fund. Every maimed soldier will be able to obtain an artificial extremity of such quality as he chooses.

By a circular recently issued it appears that the Sanitary Commission has undertaken a special inspection of all the general hospitals of the army. It is estimated that there are not far from one hundred of these hospitals, with an aggregate of fifty thousand patients. We anticipate much good from this inspection. Our military hospitals are rapidly assuming more and more importance in the history of this war, and their management now interests nearly every family in the loyal States. To nothing is the community more sensitive than the constantly renewed reports of improper treatment of the soldiers in hospitals. While many of these reports are false, and often even absurd, some are founded in truth. Constant vigilance can alone secure the proper management of these institutions, and this must be secured by inspection. We notice that Dr. Henry G. Clark, of Boston, has been appointed Chief of the Corps of Inspectors, and that Drs. Bowditch and Ellis, of Boston, are already engaged in their duties.

In another column will be found the list of surgeons for the examination of persons claiming exemption, under the draft, for disability, appointed for the State of New York. It will be seen that the list embraces the names of the best known physicians of the State. This selection reflects great credit upon Surgeon-General Vanderpoel, who has been unwearied in his efforts to secure the right man for the right place.

We regret to notice the retirement of some of the older and most respectable members of the Medical Staff of the Volunteer Corps of the army. Dr. Crosby, of New Hampshire, resigned the situation some months since of Brigade-Surgeon. Recently, Dr. David Prince, of Illinois, an eminent surgeon of the West, also resigned his position of Brigade-Surgeon. Within the last few days Dr. John B. Trask, formerly Editor of the *Pacific Medical and Surgical Journal*, but recently Surgeon-in-Charge of the Finley Hospital, Washington, has retired from the service. The army cannot well spare the services of such men at this time. The two former have maintained a high reputation on the field, and the latter was one of those rigid disciplinarians who give to hospital management that precision which should characterize a military establishment. The former gentlemen return to their professional pursuits; and Dr. Trask will resume his connexion with the Medical Journal, which he had long conducted with eminent ability.

We have to announce the death of another of our oldest and most respected physicians. Dr. John C. Cheesman died on Saturday, Oct. 11th, in the 75th year of his age, at his residence, No. 230 Fifth Avenue. Dr. Cheesman has long occupied a prominent position in the profession of this city. He was for many years a surgeon of the New York Hospital, and a trustee of the College of Physicians and Surgeons. He was a very successful practitioner, and for a long period enjoyed a large and lucrative practice.

Correspondence.

MEDICAL PRESCRIPTION WRITING.

[To the Editor of the American Medical Times.]

Dear Doctor:—If a thirty years' devotion to the practice of Pharmacy will justify the appeal, may one ask for the use of your columns to catch the eye, and perchance awaken the attention of Medical Practitioners, to the importance of intelligible Prescription Writing; for a reference to any Apothecary's Prescription file will show that in too many cases little or no consideration is given to the subject. If the labor I am about to assume be a thankless one, or if it be displeasing to some (which I would regret), I can only plead for the reputation of the Apothecary, and against any unnecessary risk of human life, as my motives, and if need be my excuse.

Doctors, like other men, are creatures of habit, but the responsibility of their calling, and the necessary exercise of a careful and minute investigation into the nature and cause of disease, should induce a corresponding habit of distinctly prescribing the remedial agents on which they must rely, and without which a mere diagnosis of the disease will avail but little, in its cure. It is a noticeable fact, that much of the evil alluded to arises from the deficient quantity and quality of the paper on which prescriptions are frequently written.

Many physicians depend on the kind of paper that chance may throw in their way when it is needed, acting upon the idea that any kind will do for prescriptions; but a moment's reflection will satisfy the most unthinking that these media of life or death demand more careful attention. What doctor would willingly accept a promissory note, illegibly written on the margin of a newspaper, on a scrap of brown wrapping paper, on the corner of a second-hand envelope, or on a dirty blue tobacco wrapper? and yet each of these, in medical hands, has played the important part of prescription-bearing. This condition of things is clearly chargeable to inadvertence on the part of the physician; his attention perhaps has never before been called to it, for paper is too cheap an article to suppose that he could be influenced by any economic view of its cost.

What surgeon having a limb to amputate would inadvertently leave the proper instruments at home, and resort to the use of a carving knife or other domestic tool? He certainly would take pains to provide himself with every facility for the occasion; and is it not equally incumbent on the physician to provide himself with all that is essential to intelligible prescription-writing. On the principle that "like generates like," indifference to writing-paper begets a like indifference to writing; and hence, prescriptions often degenerate into mere arbitrary ciphers, a series of crotchets and quavers, that leave to the imagination of the apothecary an open scale from aq. font. to aq. fort. The quirks and squirms intended to characterize drachms are embellished into ounces, and those intended for ounces are curtailed to drachms. To accommodate the prescription to the paper at hand, abbreviations are contracted until t. s. t. d. may either represent "a teaspoonful thrice a day," "a teaspoonful twice a day," or any other change upon the initials that the fancy of the apothecary may suggest.

In fact, the writer has received prescriptions so confusedly crowded on a shapeless bit of paper, as to have suggested even to the mind of the physician writing them, the necessity for a verbal explanation through the patient to the apothecary, of what he (the physician) had written, and in other cases, what he had omitted to write for want of room. These methods are so incompatible with common sense as to increase rather than diminish the perplexity attending them.

From another noticeable fact, borne out by long observation, that the prescriptions of properly educated young physicians are not, as a rule, open to these objections, we may clearly infer that they do not exist from any defective education, but are acquired with increasing years and practice, and perhaps through overweening confidence in the guessing qualities of the apothecary.

I may be charged with attempting to make a bolus out of a granule, and it may be inquired to what percentage of the medical practitioners do these strictures apply? I answer, to those who may feel their personal force; the percentage is not material. If there be but one, and he either cannot or will not avoid these evils in prescribing, I would respectfully advise him, for the sake of suffering humanity, not to intrust his patient to the chances of his written prescriptions. Better return to the saddle-bag practice, and the primitive rule of linear measurement in apportioning his doses, by administering powders per inch from the blade of a jack-knife, and fluids per finger from any convenient vessel; or to the more solid cubic measurement of pinches for potencies, and handfuls for simples, thereby avoiding any division of responsibility. Such advice, coming from a thirty years' experience in pharmacy, I think proves conclusively that its practice tends to foster an unselfish conviction of duty, with a strong desire to perform its requirements. Before severing this, my novel connexion with the profession, let me ask the doctor who accompanies his prescription for ten grains of calomel with the verbal request that the quantity be increased to full ten and a half grains bordering on eleven, what he contemplates when he directs tea and tablespoonful and wineglassful doses, as it may be said there are no two sets of the same capacity. If he views the terms synonymous with drachm and its multiples, I will take the occasion to remark that apothecaries have glasses accurately graduated with these synopses for domestic use, but their utility requires the doctor's endorsement, before they can be generally introduced, as no lady can otherwise see it. This is but another phase of inadvertence; and as I possess neither the stoicism of a Diogenes nor the philosophy of a Paley, policy advises me to retire to the unpretending duties of the

APOTHECARY.

DEATH OF AN ARMY SURGEON.

[To the Editor of the AMERICAN MEDICAL TIMES.]

ON Wednesday, Sept. 17th, near Sharpsburg, Doctor WILLIAM J. H. WHITE, in the 36th year of his age.

Dr. White was a native and resident of this city, and entered the U. S. Army about fifteen years ago, after completing his studies at Washington. He was soon after ordered to the far west, where for years he was unceasingly employed in the arduous duties of his profession on the frontier. At the time of his death he was the Medical Director of Maj.-Gen. Franklin's Corps, and was killed in the early part of the great battle fought in the vicinity of Sharpsburg. We think we can truly say that no officer in the Medical Staff was more respected and beloved by his associates than was Dr. White, and none was more conscientious and constant in the performance of all the responsible duties incident to his profession. Dr. White's manners and disposition were so modest and unobtrusive that his sterling qualities could not be appreciated except by those who knew him well. He possessed the most delicate sense of honor, and most thoroughly fulfilled through life his duty as a son, as a brother, as an officer, and as a man. His aged parents, whose only support he was for years, still survive to mourn his early death.—*Washington Intelligencer.*

During the summer and autumn of 1861, Surgeon White was in charge of the Infirmary Hospital in Washington city, and after the destruction of that building by fire in Nov. last, he was transferred to the General Hospital "Eckington," situated a mile north of the Capitol. He officiated on the "Medical Examining Board" in session in Washington, for the examination of Assistant Surgeons and Brigade Surgeons, until July last, when he was ordered to the field in Gen. McClellan's army, then on the Peninsula.

The funeral services, which were of a most impressive character, took place in Ryland Chapel, Washington, on Sunday the 21st ultimo, and were attended by the Surgeon General of the Army, the Medical Purveyor of the Military District, and by a large concourse of other officers together with citizens. Two companies of a Penna. Regt. acted as an escort to the cortège, and fired a volley over his grave.

L. H. B.

IS ELECTRO-MAGNETISM AN ANÆSTHETIC?

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—In a previous number of the *American Med. Times* you notice a new inhaler, by means of which parturition can be made painless. I have also read an article in an English periodical which, while reviewing the means heretofore employed for the purpose, all of which it stated to have been ineffectual, ascribes great virtues to some favorite prescription, which the writer of that article always employs, and which he asserts is the only remedy adapted for the purpose. This is erroneous.

I have for two years past, whenever opportunity offered, employed electro-magnetism as an anæsthetic, and in many surgical operations, but particularly in parturition, it has fully served my purpose. I may not be the first one to employ this agent for the purpose, yet I have never seen it employed as an anæsthetic, excepting in the extraction of teeth. This first attracted my attention and led me to making experiments.

The maker of the electro-magnetic machine which I have used, Amos Brown, claims, and my experience proves, that none but a direct current, viz. a current having a specific polar action, running only in one way, will act as an anæsthetic. It would seem that the positive pole of the direct current being in the patient's hand the current passes up the arm to the nervous centre, and from thence along the nerve nearest to the place where the negative pole of the current is applied, and thus returns to the battery. It is also claimed that it passes along both the nerves of motion and those of sensation, and while so doing that it neutralizes the sensation of pain which may exist in the nerve through which it passes.

Let this be as it may, I have found that by connecting a bistoury with the negative pole of the direct current of an electro-magnetic machine, and placing the positive pole into the patient's hand, or attached to the foot, the handle of the bistoury being insulated, I can cut around the most sensitive parts, no other sensation than that produced by the current, which patients describe as "a pricking like needles and pins," is felt.

In the same way the negative pole being applied at and around the sacrum in order to reach the ganglions supplying the uterus, and the positive pole being held in the patient's hand, the pain of parturition is to a very great extent neutralized. Patients express themselves pleased with the sensation substituted, and all perceive and acknowledge that electro-magnetism, thus applied, is at least a relief from the usual pain, if not a complete anæsthetic. With slight modifications in the manner of application we all know it will assist contractions, and by reflex action produce relaxation of the os.

Would it then not be worth the time and attention of the profession to give electro-magnetism a fair test in this regard? It has done duty as chloroform and ergot for me. Is it not safer and less unpleasant?

Resp'y,
H. Lassing, M.D.

No. 238 9th Ave., N. Y., Sept. 22, 1862.

LOGWOOD AS A DEODORIZING AGENT.

[To the Editor of the American Medical Times.]

Sir:—I wish through the Medical Times to call the attention of the profession to Logwood (Hematoxylon Campechianum) as a valuable deodorizing agent.

A knowledge of its value seems to be more particularly desirable at this time when so many of our soldiers are suffering from sloughing and gunshot wounds. A simple aqueous solution of extract of logwood applied to such wounds will effectually do away with all offensive odor arising therefrom. In cancerous ulcerations it is equally valuable; and in cancerous disease of the uterus, that most horrible of all diseases of women, it may be used in the form of injections with complete success in removing the terrible odor which always accompanies such disease.

Yours, &c., H. G. Westlake, M.D.

Hillsdale, N. Y., Oct. 6th, 1862.

Army Medical Intelligence.

LIST OF THE NAMES OF SURGEONS AND ASSISTANT SURGEONS APPOINTED TO THE VOLUNTEER REGIMENTS OF THE STATE OF NEW YORK, SINCE MAY 31, 1862, AND THE CHANGES WHICH HAVE OCCURRED IN THE REGIMENTS IN THE FIELD FROM THE SAME DATE.

June 2 —Ephraim W. Buck, Assist. Surgeon 9th Regt., vice John P. S. White, promoted to Surgeon 10th Regt. June 13.—John M. Forshee, Surgeon 66th Regt., vice Wm. J. McDermott, resigned, promoted from Assist. Surgeon 11th Regt. June 14.—Charles N. Hewett, promoted from Assist. Surgeon 50th Regt., to Surgeon same Regt., vice H. A. Potter, resigned; George W. Lovejoy, promoted from Assist. Surgeon 4th Regt., to Surgeon same Regt., vice D. W. Wainwright, promoted; Abraham Welch, Assist. Surgeon 4th Regt., vice Geo. W. Lovejoy, promoted. June 23.—Michael Hillary, Assist. Surgeon 50th Regt., vice Charles N. Hewett, promoted. June 25.—Buel G. Streeter, Assist. Surgeon 9th Cavalry, vice Geo. H. Bennett, resigned. June 27.—Adelrich Steinach, Assist. Surgeon 103d Regt., vice John B. Krucuter, resigned. June 30.—Pitkin B. Rice, Surgeon 2nd Regt. "Spinola Brigade" (new Regt.).

July 2.—William H. Tanner, promoted from Assist. Surgeon 47th Regt., to Surgeon same Regt., vice Morris W. Townsend, resigned; David M. Brown, Assist. Surgeon 47th Regt., vice Wm. H. Tanner, promoted. July 8.—Franklin B. Hough, Surgeon 97th Regt., vice L. J. Marvin, resigned. July 9.—Myron J. Davis, Assist. Surgeon 1st Artillery, vice Edward McDowell, promoted to Brigade Surgeon. July 14.—Lucius P. Woods, promoted from Assist. Surgeon 5th Cavalry, to Surgeon same Regt., vice John R. Cooper, resigned; William H. D. Parsons, Assist. Surgeon 5th Cavalry, vice L P. Woods, promoted. July 16.—William H. Rulison, promoted from Assist. Surgeon 15th Regt., to Surgeon 9th Cavalry, vice John Spencer, resigned; T. B. Gibbs, Assist. Surgeon 15th Regt., vice Wm. H. Rulison, promoted. July 15.—William Rockwell, Surgeon "Stanton Legion" (new Reg.); Fletcher M. Hammond, Surgeon 26th Dist Regt. (new Regt.). July 17.—H. Ayme, Assist. Surgeon Col. Peissner's Regt., New York City (new Regt.). July 19.—Patrick H. Flood, Surgeon 16th Dist. Regt. (new Regt.); James O. Van Hoevenberg, Surgeon 10th Dist. Regt. (new Regt); Hiram H. Ingerson, Assist. Surgeon 15th Dist. Regt. (new Regt.). July 21.—James M. Leet, Surgeon 29th Dist. Regt. (new Regt.). July 22.—George R. Cutler, Surgeon Col. Gurney's Regt., New York City (new Regt.); Julius C. Rappold, promoted from Assist. Surgeon 52d Regt., to Surgeon same Regt., vice Geo. C. Stieleburg, resigned; P. Jos. Reuss, Assist. Surgeon 52d Regt., vice Julius C. Rappold, promoted. July 23 —James E. Pomfret, Surgeon 13th Dist. Regt (new Regt.); S. P. Valentine, Assist. Surgeon 20th Dist. Regt. (new Regt.); Morris J. Franklin, Surgeon 4th Cavalry, promoted from Assist Surgeon same Regt., vice Adolph Maser, resigned; Martin Braun, Assist. Surgeon 4th Cavalry, vice Morris J. Franklin, promoted. July 24.—Nathan R. Tefft, Surgeon 22d Dist. Regt. (new Regt.). July 25.—Geo. De Landre. Assist. Surgeon 1st Emp. Brigade (new Regt.); William Vosburgh, Surgeon 25th Dist. Regt. (new Regt.). July 26.—William S. Cooper, Surgeon Rensselaer Co. Regt. (new Regt.) July 23.—Nelson Fanning, Surgeon 14th Dist. Regt. (new Regt.). July 26.—John H. Thompson, Surgeon 9th Dist. Regt. (new Regt.). July 28.—Benj. T. Kneeland, Surgeon 88th Dist. Regt. (new Regt). July 29.—Palust De Marmon, Surgeon 3d Regt., Emp. Brigade (new Regt.); Allen C. Livingston, Surgeon 21st Dist. Regt. (new Regt.); Edward Loomis, Surgeon 19th Dist. Regt. (new Regt.); Levi P. Wagner, Surgeon 23d Dist Regt. (new Regt.). July 30.—George W. Metcalfe, Assist. Surgeon 76th Regt., promoted to Surgeon same Regt., vice Judson C. Nelson, resigned; William H. Lakeman, Assist. Surgeon 76th Regt., vice G. W. Metcalfe, promoted; Augustus Leverin, Assist. Surgeon 3d Batt. Artillery, vice Geo. Wieber, resigned; Charles E. Washburne, Surgeon 32d Dist. Regt. (new Regt.); Allen S. Heath, Surgeon 3d Dist. Regt. (new Regt.). July 31.—Samuel R Elliott, Assist. Surgeon 63d Regt., vice Aug. D. Ruggles, resigned.

Aug. 1.—Benj. F. Harrison, Surgeon "Independent Battalion;" Chauncey R. Hutchins, Surgeon 31st Dist. Reg. (new Reg.). Aug. 5 —John F. Whitlock Surgeon 28th Dist. Regt. (new Regt.); Fr. Alderbasch, Assist. Surgeon 7th Regt. Aug. 6.—William R. Trowbridge, Surgeon 18th Dist. Regt. (new Regt.). Aug. 7 —James D. Benton, Assist, Surgeon 25th Dist. Regt. (new Regt.); Orsamus Smith, Assist. Surgeon 10th Regt.; James D. Hewett, Assist. Surgeon 27th Dist. Regt. (new Regt.); Lysander W. Kennedy, Assist. Surgeon Washington Co. Regt. (new Regt.); Charles C. Murphy, Assist. Surgeon 16th Regt., vice John H. Movers, promoted; David McFalls, Assist. Surgeon 106th Regt. (new Regt.); William A. Madill, promoted from Assist. Surgeon 23d Regt., to Surgeon of the same, vice Churchill, resigned. Aug. 8.—Bradford S. Manly, Assist. Surgeon 84th Regt.; Jared G. Wood, Surgeon 8th Dist. Regt. (new Regt.). Aug. 9.—Sandford B. Hunt, Surgeon 24th Dist. Regt. (new Regt.); A. C. Benedict, Assist. Surgeon 1st Regt.; George C. Douglas, Assist. Surgeon 4th Regt.; John Fisher, Assist Surgeon 6th Regt.; George Steinert, Assist. Surgeon 29th Regt.; Emil Steiger, Assist. Surgeon 39th Regt; Henry E. Crampton, Assist. Surgeon 93d Regt.; Peter E. Sickler, Assist. Surgeon 48th Regt.; Francis S. Grimes, Assist. Surgeon 5th Regt.; William L. Harding, Assist. Surgeon 9th Regt.; William E. Johnson, Assist. Surgeon 24th Dist. Regt. (new Regt.). Aug. 4.—Palmer C. Cole, Surgeon 11th Dist. Regt. (new Regt). Aug. 11.—David G. Himrod, Assist. Surgeon 27th Dist. Regt. (new Regt.); Pierre D. Pettier, Assist. Surgeon 26th Dist. Regt. (new Regt.); Charles S. Hoyt, Assist. Surgeon 26th Dist. Regt. (new Regt.); Seth H. French, Assist. Surgeon 24th Dist. Regt. (new Regt.); Calvin Skinner, Surgeon 106th Regt. (new Regt.); Isaac V. Mullen, Assist. Surgeon 18th Regt.; Charles J. Kipp, Assist. Surgeon 29th Regt.; Philip W. Shufelt, Assist. Surgeon 14th Regt.; Charles A. Burbeck, Assist Surgeon 60th Regt.; Justin G. Thompson, Assist. Surgeon 9th Cavalry; Frank J. Mattimare, Assist. Surgeon, 18th Regt. Aug. 12.—Charles F. B. Ebner, Surgeon 103d Regt., vice T. Lewis Hedler, resigned; A. H. Cochrane, Assist. Surgeon 15th Regt.; Benjamin S. Catlin, Assist. Surgeon 2d Regt.; George W. Earll, Assist. Surgeon 81st Regt.; Lyman W. Bliss, Assist. Surgeon 10th Cavalry; J. Newton Goff, Assist. Surgeon 17th Regt.; John M. Palmer, Assist. Surgeon 85th Regt.: Charles B. Fry, Assist. Surgeon 21st Regt. Aug. 13.—Edward Boyd, Assist. Surgeon 32d Dist. Regt. (new Regt.); William S. Ely, Assist. Surgeon 25th Dist. Regt. (new Regt.); Samuel Ingraham, Assist. Surgeon 19th Dist. Regt. (new Regt.); David Pardee, Assist. Surgeon 1st Artillery; William Root, Assist. Surgeon 75th Regt.; Horace T. Hanks, Assist. Surgeon 30th Regt. Aug. 14.—Horatio S. Hendee, Assist Surgeon 18th Dist. Regt. (new Regt.); Wesley Blaisdell, Assist. Surgeon 13th Dist. Regt. (new Regt.); Henry G. Beardsley, Assist. Surgeon 23d Dist. Regt. (new Regt.); William H. Stuart, Assist Surgeon 27th Regt.; George C. Bennett, Surgeon Col. Dodge's Regt., Mounted Rifles; John O. Slocum, Asist. Surgeon 22d Dist. Regt. (new Regt.). Aug. 15.—Henry C. Hendricks, Surgeon 2d Regt., 23d Dist. (new Regt.); John H. Movers, Surgeon 16th Dist. Regt. (new Regt.); Max Tissot, Assist. Surgeon 8th Regt.; Nelson Rounds Barnes, Assist Surgeon 76th Regt.; Warren A. Tallmadge, Assist. Surgeon 25th Regt.; James H. Souon, Assist. Surgeon 32d Regt.; Richard Curran, Assist. Surgeon 33d Regt. Aug. 16.—John D. Hall, Assist. Surgeon 24th Regt. Aug. 18.—Leonard M. Johnson, Assist. Surgeon 3d Regt.; Charles H. Richmond, Assist. Surgeon 104th Regt.; Ichabod H. Searl, Assist. Surgeon 26th Regt.; Thomas Cushing, Assist. Surgeon 28th Regt.; Joseph D. Stewart, Assist. Surgeon 81st Regt.; Frank D. Beebe, Assist. Surgeon 2d Regt., 23d Dist. (new Regt.); William F. Hutchinson, promoted from Assist. Surgeon 22d Regt., to Surgeon of the same, vice Atherly, deceased; Austin W. Holden, Assist. Surgeon 22d Regt., vice William F. Hutchinson, promoted. Aug. 19.—J. Harry Thompson, Surgeon Col. Conk's Regt. (new Regt.); Bleeker S. Hovey, Surgeon 2d Regt., 30th Dist. (new Regt.); Cornelius H. Murphy, Surgeon 1st Regt. Empire Brigade. Aug. 20.—D. Stewart Hopkins, Assist. Surgeon 25th Dist. Regt. (new Regt.); Daniel P. Van Vleck, Assist. Surgeon 11th Dist. Regt. (new Regt.); James Hadden, Assist. Surgeon 95th Regt.; Wm. H. Cruikshanks, Assist. Surgeon 92d Regt.; Oliver S. Copeland, Assist. Surgeon 18th Dist. Regt. (new Regt.); Richard E. Sutton, Surgeon 15th Dist. Regt., (new Regt.); William P. Buel, Surgeon 1st Regt., Metropolitan Guard (new Regt.); Henry Van Aernam, Surgeon 2d Regt., 32d Dist. (new Regt.); Samuel Peters, Assist. Surgeon 15th Dist. Regt (new Regt.); Charles H. Porter, Assist. Surgeon 40th Regt., vice Charles E. Halsey, deceased. Aug. 19.—Obadiah Rogers, Assist. Surgeon 40th Regt.; Washington Aiken, Assist. Surgeon 12th Dist. Regt. (new Regt.); Henry H. Beecher, Assist. Surgeon 1st Regt., 23d Dist. (new Regt.); J. Mortimer Crane, Assist. Surgeon 2d Regt. 23d Dist. (new Regt.); Horatio E. Gates, Assist. Surgeon 80th Regt.; Albert L. Turner, Assist. Surgeon 56th Regt.: Henry W. Carpenter, Assist. Surgeon 117th Regt., 19th Dist. (new Regt.); Clarence Ewen, Assist. Surgeon 53d Regt.; Edwin A. Knapp, Assist. Surgeon 22d Dist. Regt. (new). Aug. 21.—William M. Bryce, Assist. Surgeon Delaware Co. Regt. (new); Henry Collier, Assist. Surgeon 120th Regt., 10th Dist.; John N. Freeman, Assist. Surgeon 5th Regt., vice Owen Munson, resigned; Hartwell C. Tompkins, promoted from Assist. Surgeon 61st Regt. to Surgeon of the same, vice Samuel R. Wolles, resigned; John N. Lyman, Assist. Surgeon 61st Regt., vice Tompkins, promoted; James B. Carpenter, Assist. Surgeon 85th Regt.; Edmund G. Derby, Assist. Surgeon 94th Regt.; Griffin Reno, Assist. Surgeon 66th Regt. Aug. 22d.—Joseph W. Robinson, Surgeon 2d Regt., 27th Dist. (new Regt.); Thomas Avner, Assist. Surgeon 108th Regt., 28th Dist. (new Regt.); Theodore F. Hall, Surgeon 2d Regt., 28th Dist. (new Regt.); James V. Kendall, Surgeon 2d Regt., 22d Dist. (new Regt.); Henry M. Edsall, Surgeon Sullivan Co. Regt. (new); C. H. Andrews, Assist. Surgeon 11th Dist. Regt. (new); George V. Skiff, Assist. Surgeon 4th Artillery; O. Sprague Paine, Assist. Surgeon 2d Regt., 28th Dist. (new Regt) Aug. 23d.—Andrew J. Willets, Surgeon 53d Regt.; John Hurley, Assist Surgeon 53d Regt.; Norman L. Snow, Assist. Surgeon 2d Regt., 15th Dist. (new Regt.); William Bassett, Surgeon 20th Dist. Regt. (new); James G. Porteous, Assist. Surgeon 118th Regt., 16th Dist. (new Regt.); Thomas M. Flandrew, Surgeon 2d Regt., 19th Dist. (new Regt.); Elnathan W. Simmons, Surgeon 2d Regt., 26th Dist. (new Regt.); Matthew F. Reagan, Surgeon Buffalo Irish Regt. (new). Aug. 22d.—John Jenkins, Assist. Surgeon 49th Regt.; Solomon F. McFarland, Surgeon 83d Regt.; James Allen, Assist. Surgeon 89th Regt.; James W. Black, Assist. Surgeon 43d Regt.; Cornelius Sattler, Assist. Surgeon 41st Regt. Aug. 25.—Nelson Neely, Assist. Surgeon 57th Regt.; William S. Young, Assist. Surgeon 47th Regt.; John Wm. Hauk, Assist. Surgeon 46th Regt.; A. Clark Baum, Assist. Surgeon 50th Regt.; David McFalls, Surgeon 2d Regt., 17th Dist. (new Regt.); Frederick H. Petit, Assist. Surgeon 106th Regt., 17th Dist. (new Regt.). 26th.—George C. Smith, Assist. Surgeon 2d Regt., 10th Dist. (new Regt.); Edward Rowland, Asst. Surgeon 127th Regt.; Charles F. Kelsey, Assist. Surgeon 64th Regt. 27th.—Daniel M. Holt, Assist. Surgeon 121st Regt., 20th Dist. (new Regt.); Samuel Ensign, Assist. Surgeon 99th Regt. 28th.—Byron De Witt, Assist. Surgeon 2d Regt., 25th Dist.; Oliver T. Bundy, Jr., Assist. Surgeon Delaware Co. Regt. (new); Robert Watts, Jr., Surgeon Metropolitan Guard (new Regt); Hermon A. Boland, Assist. Surgeon 2d Regt., 17th Dist. (new Regt.); John R. Cotes, Assist. Surgeon 2d Regt., 29th Dist. (new Regt.). 29th.—Agemon S. Coe, Surgeon — Regt., 21st Dist. (new Regt.); Cornelius N. Campbell, Surgeon Dutchess Co. Regt. (new); Frank W. Doolittle, promoted from Assist. Surgeon 10th Regt. to Surgeon of the 5th. vice Henry C. May, resigned; Uri C. Lynde, Assist. Surgeon 116th Regt., 31st Dist. (new Regt.); Silas A. Ingham, Assist. Surgeon 2d Regt., 24th Dist. (new Regt); John C. Wall, Assist. Surgeon Buffalo Irish Regt. (new); Henry H. Carpenter, Assist Surgeon 106th Regt., 17th Dist. (new Regt.); William H. Hoag, Assist. Surgeon 14th Dist. Regt. (new); George D. Bassett, Assist. Surgeon 67th Regt.; Oliver S. Greenman, Assist. Surgeon 2d Regt., 27th Dist., (new Regt.) 30th.—Charles J. Pardee, Assist. Surgeon 16th Regt.; J. R. Mansfield, Assist. Surgeon 132d Regt., 2d Empire (new Regt.); James L. Watson, Assist. Surgeon Col. Conk's Brooklyn Regt. (new); William C. Slayton, Assist. Surgeon 2d Regt., 28th Dist. (new Regt.); Dwight W. Day, Assist. Surgeon 2d Regt., 32d, Dist. (new Regt.); James Sanders, Jr., Assist. Surgeon 130th Regt., 30th Dist., (new Regt.); Charles A. Robertson, Surgeon 3d Brooklyn Regt. (new).

QUARANTINE REGULATIONS AT PORT ROYAL, S. C.

Head Quarters, Dep't of the South.
Hilton Head, S. C., August 19, 1862.

GENERAL ORDERS, No. 128.

The following Quarantine Regulations for the port of Port Royal, S. C., are hereby established:—

1. Hereafter the Quarantine Grounds will be in St. Helena Sound, at the place designated by a white buoy and flag.

2. It shall be the duty of the Master and Pilot of every vessel coming into this port, from this date, until further orders (excepting pilot boats returning from their ordinary "cruising grounds"), to hoist a signal for the "Health Officer," and to anchor off the inner buoy, there to remain until visited by him.

3. It shall be the duty of the "Health Officer," without unnecessary delay, to visit every vessel made liable to visitation, and ascertain her sanitary condition, and the port from which she sailed; and every vessel having on board any case of yellow fever, small-pox, cholera, or other infectious or contagious disease,—and also every vessel coming from Key West, Havana, or any other port where yellow fever may exist, he shall order to the Quarantine Ground, there to remain as long as he may deem proper.

4. No person shall be allowed to leave the vessel until she has been examined by the "Health Officer," nor will any communication be had with the vessel until she has been so examined.

5. These regulations will be strictly enforced by the "Health Officer." Should there be any deviation therefrom, or should any of the orders given by the Health Officer to such vessels not be strictly carried out, he will report the fact immediately to the Medical Director of this department.

7. Surgeon Crispell, U. S. V., is appointed "Health Officer" of this port.

8. Any violation of the above regulations will cause the immediate arrest and imprisonment of the offenders.

By command of
Major-General Hunter.

Medical Inspectors.—The Medical Inspector-General is stationed at Washington, and, under the Surgeon-General, is charged with the supervision of the sanitary condition of hospitals, camps, garrisons, &c.

The United States is divided into eight districts, to each of which a Medical Inspector is assigned, as follows:—

First District.—All troops and hospitals in Arkansas, Missouri, Iowa, Minnesota, Kansas, and all territories between Rocky Mountains and Mississippi River. Medical Inspector, C. C. Keeney.

Second District.—Wisconsin, Michigan, Ohio, Indiana, Western Virginia, and Kentucky east of Cumberland River. Medical Inspector, Geo. H. Lyman.

Third District.—Alabama, Mississippi, Tennessee, Illinois, and Kentucky west of Cumberland River. Medical Inspector, George T. Allen.

Fourth District.—Third, Twelfth, and Seventh Army Corps, and Eastern Virginia, excepting Accomac and Northampton Counties. Medical Inspector, G. H. Mussey.

Fifth District.—First, Second, and Fifth Army Corps. Medical Inspector, E. P. Vollum.

Sixth District.—Eighth Army Corps, New York, Massachusetts, and Middle Department. Medical Inspector, R. H. Coolidge.

Seventh District.—Fourth, Sixth, and Ninth Army Corps. Medical Inspector, Lewis Humphreys.

Eighth District.—Eleventh Army Corps, Maryland, except Middle Department. Medical Inspector, John M. Cuyler.

Changes.—Surgeon John C. Dalton, Jr., U. S. Vols., who has been sick for some time past at Boston, Mass., has been detailed for duty as Medical Director of Transportation at New York city.

Assist. Surgeon A. Majer, U. S. Vols., has been assigned to temporary duty in Washington.

Surgeon A. T. Watson, U. S. Vols., is on duty as Med. Director, 2nd Division 9th Army Corps.

Assist.-Surgeon W. A. Bradley, U. S. Army, has been performing the duties of Medical Director of Franklin's Corps since the death of Surgeon White, killed at the battle of Antietam.

Dr. Thomas Hamilton has been placed on temporary duty in Washington, D.C.

Surgeon R. H. Alexander, U.S.A., lately Medical Purveyor to the Army of the Potomac, has relieved Assistant Surgeon J. J. Woodward, U. S. Army, in charge of the Patent Office Hospital at Washington, D.C. The latter has resumed his duties in the Surgeon-General's Office of collecting material for a Medical History of the War.

Surgeon J. G. F. Holston, U. S. Vols., has been relieved in the duty of Medical Director of Gen. Grant's command, by Surgeon Horace R. Wirtz, U. S. Army.

Surgeon T. H. Bache, U.S.A., who accompanied General

Williams from Hatteras to the Dept. of the Gulf, has been assigned to duty as Acting Medical Inspector, 6th District.

Surgeon William Varian, U. S. Vols, has been directed to superintend the preparation of Hospital accommodations at New Albany, Ind.

Dr. S. R. Skillern, lately employed at the Emory Hospital, Washington, has been assigned to duty at Philadelphia, Pa.

Medical Storekeeper Hennell Stevens has arrived at Cairo, Ill., and entered on his duties.

Medical Cadet John Sullivan, Jr., U.S.A., has been appointed Assist.-Surgeon, New-Hampshire Vols.

Assist.-Surgeon M. J. Asch, U. S. Army, arrived in Philadelphia on the 1st inst. to assume the duty of member of the Army Medical Board for the examination of candidates for appointment as Assist.-Surgeons in the Medical Staff of the U. S. Army.

Assist.-Surgeon J. V. D. Middleton is on duty with the Artillery Batteries of the 9th Corps.

Surgeon A. K. Smith, U. S. Army, has returned to Philadelphia from Hagerstown, Md., where he was on duty in connexion with the removal of the wounded in the late battles in Maryland. He resumes his duty as Medical Director of Transportation and Inspector of Hospitals, and is also member of the Army Medical Board for the examination of candidates for the appointment of Assist.-Surgeon in the Medical Staff of the U. S. Army.

Assist-Surgeon E. C. Strode, U. S. Army, has been assigned to duty at the General Hospital, Jackson, Tenn.

Assist. Surg.-General R. C. Wood was at Louisville, Ky., on the 1st inst. on a tour of inspection in Ohio and Kentucky.

Assist. Surgeons J. H. Bill and C. M. Colton, U.S.A., have been assigned to duty in the Church Hospitals at Frederick, Md.

Assist. Surgeon H. M. Sprague, U.S A., has been detailed for duty in the office of the Assist. Surgeon-General at St. Louis, Mo.

Assist. Surgeon J. R. Gibson, U.S.A., is on leave of absence at Germantown, Pa.

Assist. Surgeon Isaac V. Mullen, 13th N.Y. Volunteers, lately on duty at Convalescent Camp near Alexandria, Va., has been directed to rejoin his regiment at Fort Corcoran.

Surgeon S. D. Freeman, of Kane's Rifles, has been placed on temporary duty at Washington, D.C.

During the absence of Surgeon Simpson on leave, the duties of the Medical Director at Baltimore will be performed by Surg. C. W. Jones, U. S. Vols.

Hospital Steward Crandall, of the 6th Vermont Vols., has been commissioned as Assist. Surgeon of the 13th Vermont Volunteers.

Hospital Steward Arnold Stub, U. S. Army, has been commissioned as Assist. Surgeon of the 90th N. Y. Vols.

Surgeon T. G. Catlin, U. S. Vols., has been placed in charge of General Hospital No. 5, at Beaufort, S. C.

Surgeon J. D. Robinson, U. S. Vols., has been assigned to duty with the Artillery of Slocum's Division.

Surgeon T. M. Getty, U.S.A., recently in charge of General Hospital, Annapolis, Md., has arrived at Yorktown, Va., and assumed the duties of Medical Director of General Keyes' Corps (5th).

Asst. Surgeon J. H. Bailey, U.S.A., has arrived at Camp Chase, Ohio, and entered on his duties.

Surgeon Peter Pineo has been assigned to duty as Medical Director 1st Army Corps.

Surgeon Frank H. Hamilton, U.S. Vols., recently Medical Director of the Army Corps under General Keyes, has been detailed to take charge of the Central Park Hospital, in New York.

Med. Storekeeper, H. N. Rittenhouse, has been ordered to report to the Medical Purveyor at Frederick for duty.

Surgeon John Frizzell, 12th Va. Volunteers, having tendered his resignation, has been discharged from the service.

Asst. Surgeon Maximilian Heller, 27th Penna. Vols., has been discharged from the service to enable him to accept a commission as Surgeon of the 161st Penna. Vols.

Miscellaneous.—Surgeon-General Hammond returned to Washington, and resumed his office duties on the 6th. During his absence, Surgeon Joseph R. Smith, U.S. Army, Acting Surgeon-General, performed his duties.

The Hospital at the City Hall Court Room in Washington has been vacated.

The Hospital at Chestnut Hill, two miles above Philadelphia, near the falls of the Schuylkill, will soon be ready for patients. It will be under the charge of Dr. Joseph Hopkinson, and when completed, will be the largest in the world, accommodating three thousand patients.

In the Army of the South-West, there are now thirty Surgeons absent from their regiments, sixteen of whom are on Staff duty. The evil resulting from the absence of regimental medical officers is a serious one, and often the cause is by no means a good one. There are instances known of gentlemen getting appointed on the Staff of General Officers, with the honorary title of Medical Director, without any duty to do, or law or regulation to justify the detachment of the Surgeon from his regiment.

The hospital accommodations at Baltimore and Philadelphia have been directed to be increased 2000 beds each.

A Medical Officer has been detailed to visit Wilmington, Delaware, to select a suitable building and prepare a hospital in that city.

The movement of the troops under General Grant rendered it necessary to bring all the sick of his army to Corinth, Miss. They numbered two thousand (previous to the battle there), and were distributed in the various hospitals. The wounded at Iuka had also been brought in and were well cared for. They numbered four hundred and one.

On the retreat of the Union troops from the District of the Kanawha, the General Hospital at Gauley was abandoned and the buildings burned. The General Hospital at Charleston, Va., was also abandoned, the sick being removed to Gallipolis, O.

The Medical Purveyor at Cincinnati, Ohio, has been directed to furnish medical supplies on requisition to the new regiments forming in Western Virginia.

There are still three thousand wounded at Frederick, Va.

The bonds required of Medical Purveyors have been reduced to the amount required of Quartermasters—($20,000).

Drs. H. A. Buck, John O. Bronson, A. McMahon, and James Philips, have declined the appointment of Asst. Surgeon in the U.S. Vols.

Surgeon Jonathan Letterman, U.S. Army Medical Director, Army of the Potomac, arrived in Washington, and had an interview with the Surgeon-General on the 11th inst.

Surgeons for the Examination of Conscripts in the State of New York.—The following-named persons have been appointed Surgeons for the several counties, viz.: Albany, John V. P. Quackenbush and Sylvester D. Willard; Allegany, C. Milford Crandall; Broome, J. G. Orton; Cattaraugus, E. S. Stewart; Cayuga, Edward Hall; Chautauque, Thomas D. Strong; Chemung, Erastus L. Hart; Chenango, Augustus Willard; Clinton, Wm. N. Colt; Columbia, William H. Pitcher; Cortland, George W. Bradford; Delaware, Horatio N. Buckley; Dutchess, Edward H. Parker; Erie, Jno. S. Trowbridge and James E. King; Essex, Henry O. Tallmage; Franklin, Theodore Gay; Fulton and Hamilton, Wm. H. Johnson; Genesee, Norris G. Clark; Greene, E. L. Ingersoll; Herkimer, Andrew F. Doolittle; Jefferson, Wm. R. Trowbridge; Kings, Jos. C. Hutchinson, Theo. L. Mason, James M. Minor, Daniel Ayres, T. M. Ingraham, Jno. Byrne, O. H. Smith, George Cochran, Jno. Ordronaux, DeWitt C. Enos, Daniel E. Kissam, Cornelius Olcott, C. R. McLellan, C. L. Mitchell, J. A. Brady; Lewis, S. P. Uhlein; Livingston, Daniel H. Bissell; Madison, Ira Spencer; Monroe, Azel Backus; Montgomery, Jeremiah Snell; New York, Gurdon Buck, William Detmold, James R. Wood, Robert Watts, Stephen Smith, Thomas M. Markoe, C. R. Agnew, Charles D. Smith, Austin Flint, George F. Woodward, E. R. Peaslee, S. Conant Foster, Wm. H. Thompson, Ernest Krackowizer, John Gallaher, Elery Denison, Samuel S. Purple, P. B. Mauran, Peter Van Buren, B. I. Raphael, Robert A. Barry, Sigismund Waterman; Niagara, Peter P. Murphy; Oneida, J. D. Hopkins, Jr., and Luther Guiteau; Onondaga, William Taylor and H. D. Didama; Ontario, George Cook; Orange, Wm. P. Townsend; Oswego, A. Van Dyck; Orleans, Wm. McKennon; Otsego, Horace Lathrop; Putnam, Frederick D. Lente; Queens, —— Barker; Richmond, Wm. G. Eadie; Rensselaer, Thos. G. Brinsmade and Philander H. Thomas; Rockland, Moses C. Hasbrouck; St. Lawrence, G. F. Cole; Saratoga, Samuel Freeman; Schenectady, Livingston Ellwood; Schoharie, Lemuel Cross; Schuyler, —— Maning; Seneca, Alfred Bolter; Steuben, Stephen Hagadorn; Suffolk, Abraham G. Thompson; Sullivan, John D. Watkins; Tioga, Lucius H. Allen; Tompkins, Lyman W. Bliss; Ulster, John V. Holt; Warren, Hiram McNutt; Washington, George W. Little; Wayne, Allen W. Marsh; Westchester, George B. Upham; Wyoming, J. Meacham; Yates, Henry P. Sartwell.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 6th day of October to the 13th day of October, 1862.

Deaths.—Men, 99; women, 94; boys, 107; girls, 86; total, 386. Adults 193; children, 193; males, 206; females, 180; colored, 6. Infants under two years of age, 184. Children born of native parents, 16; foreign, 186.

Among the causes of death we notice:—Apoplexy, 7; infantile convulsions, 21; croup, 9; diphtheria, 8; scarlet fever, 9; typhus and typhoid fevers, 12; consumption, 77; small-pox, 8; measles, 1; dropsy of head, 9; infantile marasmus, 24; cholera infantum, 20; inflammation of brain, 7; of bowels, 12; of lungs, 12; bronchitis, 6; congestion of brain, 4; of lungs, 5; erysipelas, 4; diarrhœa and dysentery, 19. 155 deaths occurred from acute diseases, and 32 from violent causes. 230 were native, and 156 foreign; of whom 104 came from Ireland; 60 died in the City Charities; of whom 15 were in Bellevue Hospital, and 6 died in the Immigrant Institution.

Abstract of the Atmospherical Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Oct. 1862	Barometer. Mean height.	Barometer. Daily range.	Temperature. Mean	Temperature. Min.	Temperature. Max.	Difference of dry and wet bulb. Thrm. Mean	Difference of dry and wet bulb. Thrm. Max.	Wind.	Mean amount of cloud.	Humidity Sat'tion, 1000
	In.	In.	°	°	°	°	°			
5th.	30.07	.07	58	48	66	11	15	N.W.	0	440
6th.	30.17	.14	56	47	66	9	14	N.W. to S.	.04	580
7th.	29.97	.20	64	52	74	7	12	S.W.	.07	610
8th.	29.95	.05	78	62	84	7	9	S.W.	2	616
9th.	29 98	.10	71	58.	81	7	11	S.W. to S.	.04	610
10th.	29.90	.10	66	58	71	8	5	N.E.	10	814
11th.	29.94	.16	54	48	61	4	8	NE to NW	8	748

Remarks.—5th, Fine; wind A.M., fresh. 6th, Fresh wind A.M., variable P.M. 7th, Sultry; wind A.M., fresh. 8th and 9th, Fine days. 10th, Rain storm commenced at noon. 11th, Variable, rain early A.M. and noon. Rain for the week three-quarters of an inch.

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SPECIAL NOTICES.

Section on Surgery.—*The Section on Surgery will hold its first regular meeting on Friday Evening next, at the house of the Chairman,* Dr. J. R. Wood, *No. 2 Irving Place. Subject for discussion, Tracheotomy in Croup.* Prof. Flint *will open the discussion.*

College of Physicians and Surgeons.—*The Opening Exercises of this College will be held on Monday, Oct. 20th, in the College Lecture Room, corner 4th Avenue and 23d street.* Prof. J. M. Smith *will deliver the Introductory Lecture.*

University Medical College.—*The Introductory Lecture will be delivered on Monday Evening, Oct. 20, at 7½ o'clock, by* Prof. Gunning S. Bedford.

Dr. Churchill's Hypophosphites.

PREVENTION AND CURE OF CONSUMPTION

A supply of these important medicines,

SYRUP OF HYPOPHOSPHITE OF SODA,
SYPUP OF HYPOPHOSPHITE OF LIME,
PILLS OF HYPOPHOSPHITE OF QUININE,
PILLS OF HYPOPHOSPHITE OF MANGANESE,

has arrived from Paris with directions for use. Persons suffering from chest affections can now procure the above preparations genuine, as used by Dr. Churchill from the following agents in America.

Messrs. Hegeman & Co., Broadway, New York, Mr. F. Brown, corner of Fifth and Chestnut Streets, Philadelphia; Messrs. T. Metcalfe & Co., Boston; Messrs. J. T. Brown & Sons, 425 Washington Street, Boston.

Wholesale orders to be addressed to H. H. SWANN, Pharmacien, 12 rue Castiglione, Paris.

New England Mutual Life Ins. Co.,

BOSTON AND NEW YORK, ORGANIZED 1843. **ASSETS, $2,350,000.** Documents showing the benefits of Life Insurance with the advantages of the Mutual plan, and the superior position and marked success of this Co., and explaining the different kinds of Policies with their methods of payment, may be obtained free of expense, upon application, either personally or by mail, to JOHN HOPPER, Agent and Attorney for the Co., Metropolitan Bank Building, 110 Broadway, New York. ☞ *Parties at a distance may insure from Blanks, which will be forwarded free of expense.*

New York Eye Infirmary,

2D AVENUE AND 13TH STREET.

LECTURES for the coming winter will begin on WEDNESDAY, OCTOBER 22d. The Course will be made a complete resumé of

OPHTHALMIC MEDICINE AND SURGERY.

Lectures will be held on

MONDAY, WEDNESDAY, AND FRIDAY,

BY DRS. C. R. AGNEW, AND HENRY D. NOYES.

The means of illustration by colored plates, optical apparatus, and morbid specimens, are ample.

The surgeons have concluded to issue a diploma to those who attend the Lectures and can pass a satisfactory examination.

Fee for Lectures, ...	$10.00
Diploma Fee, ...	5.00

DEMONSTRATIONS OF THE

INTERNAL DISEASES OF THE EYE,

WITH THE OPHTHALMOSCOPE,

will be made during the Lectures, while a more complete acquaintance with these diseases can be had in a private class with Dr. Noyes.

THE CLINIQUES OF THE INFIRMARY,

ON MONDAY, WEDNESDAY, AND FRIDAY,

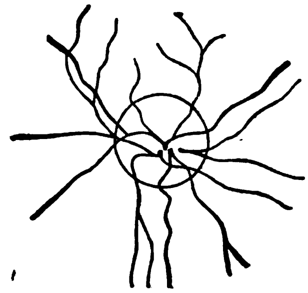
are free to all medical men and students. More than 5,000 patients are treated annually.

To the Medical Profession.—Dr. I.

Parigot has changed his residence and is prepared to receive a very limited number of patients in his country house at Hastings, on the Hudson; he can be consulted in town at Dr. Douglas' Office, No. 12 Clinton Place, on Tuesdays and Saturdays, for Nervous Diseases and Medico-Legal questions.

American Journal of Ophthalmology

JULIUS HOMBERGER, M.D., Editor.



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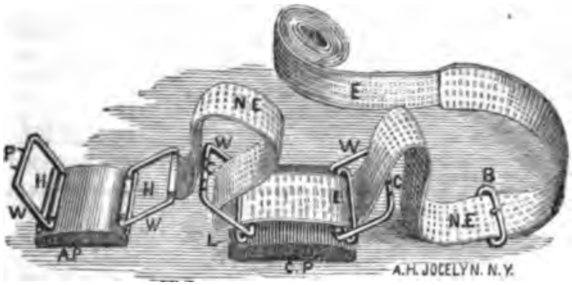

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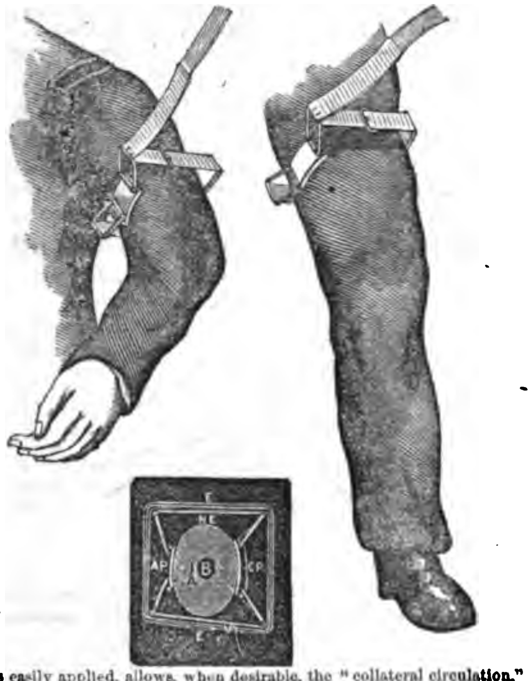

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Buffalo, *Sept.* 1862.

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Original Lectures.

LECTURES
ON THE
DIAGNOSIS OF DISEASES OF THE HEART.

DELIVERED AT THE
BELLEVUE HOSPITAL MEDICAL COLLEGE DURING THE PRELIMINARY TERM.
Session 1862-63.

By AUSTIN FLINT, M.D.
PROFESSOR OF THE PRINCIPLES AND PRACTICE OF MEDICINE.

LECTURE III.

Of the Mechanism of the Production of the Second Sound of the Heart.—Of the Valvular Element and the Element of Impulsion composing the First Sound of the Heart.—The Proof of the Existence of these two Elements afforded by Auscultation of the Healthy Chest.—Representation of the Characters of the Two Sounds of the Heart by Whispered Words.—The different Blood-Currents, Normal and Abnormal, through the Mitral and Aortic Orifices: viz. the Mitral Direct, the Mitral Regurgitant, the Aortic Direct, and the Aortic Regurgitant.—The Relations of these different Currents to the Heart-Sounds.—General Account of Valvular Lesions.—Endocardial Murmurs.—Murmurs produced by the Blood-Currents become the Signs of Valvular Lesions.—Different Characters of Murmurs, viz. Soft, Rough, Musical.—Four Murmurs corresponding to the Four Blood-Currents, distinguished by the same Names, and having the same Relations to the Sounds of the Heart.

Gentlemen:—As introductory to the consideration of the diagnosis of valvular lesions, I gave an account in my last lecture of the normal sounds of the heart. I described the relative characters of the first and second sound as heard on auscultation over the apex of the heart, and the rhythmical succession of the two sounds. Let me now briefly state the mechanism by which the sounds are produced. The second sound, as all are now agreed, is due to the sudden expansion of the segments forming the aortic and pulmonic valves; the force causing the expansion of these segments is derived from the recoil of the arterial coats, occurring after the arteries have been distended by the blood propelled into them by the systolic contraction of the ventricles. Owing to the elasticity of their coats, the arteries recoil upon the blood which they contain immediately the propelling force of the ventricles ceases, and this recoil would drive a portion of the blood back into the ventricles, were it not that the movement of the blood in a retrograde direction expands, with quickness and force, the valvular segments which close the arterial orifices, and regurgitation is thus prevented. This mechanism is important to be recollected with reference to an understanding of the physical signs of disease. The sudden forcible expansion of the valvular segments, as just described, gives rise to the second sound of the heart. The first sound is less simple. It is a compound sound, and all are not agreed concerning the mechanism of its production. Without entering into a discussion of the matter, I shall give you my opinion, viz. that this sound is composed of two elements: one element being a sound produced by sudden and strong tension of the auriculo-ventricular valves (mitral and tricuspid) when the ventricles contract, and the other element being a sound produced by the movements of the apex of the heart against the thoracic walls during the ventricular systole. For the convenience of reference I am accustomed to call the first the valvular element, and the second, the element of impulsion. This subdivision of the first sound into these two elements is involved in the understanding of certain of the signs of disease.

Let me dwell upon this point sufficiently to tell you how the fact of the first sound being composed of the two elements just named is susceptible of proof. The characters of the first sound, as compared with those of the second sound, which I described in my last lecture, are the characters belonging to this sound when heard over the apex of the heart. If, after listening to the first sound over the apex, you remove the stethoscope at a certain distance from the heart, you will find that most of the distinctive characters of this sound are lost: it is no longer louder and longer than the second sound, and the booming quality has disappeared. It is now short and valvular like the second sound, being less intense and still lower in pitch. What has occasioned this difference? The element of impulsion is eliminated, and the valvular element only remains. This is the explanation. The element of impulsion is propagated but little beyond the heart; the valvular element is propagated further; consequently, at a certain distance from the border of the heart, we eliminate the element of impulsion, and have only the valvular element. It is the element of impulsion which gives to the first sound, over the apex, its intensity, its length, and its booming quality. The valvular element of the first sound is less intense than the second sound, has the same valvular quality, is as short, and is lower in pitch. These points you can easily verify for yourselves, and I hope you will do so. Another mode in which you may eliminate the element of impulsion from the first sound, is to place between the pectoral extremity of the stethoscope and the chest several thicknesses of soft cloth. By this means you prevent the transmission of the element of impulsion, but not of the valvular element. This experiment you can easily make.

The correctness of this explanation of the mechanism of the first sound of the heart is confirmed by the effects of disease upon this sound. These effects constitute physical signs of disease to which I shall hereafter refer. With regard to the movements of the heart giving rise to the element of impulsion, let me say that they consist of the locomotion of the apex from left to right, the rotation of the organ in the same direction, and the elongation of the organ—all occurring during the ventricular systole. When I mention the elongation of the heart during the systole, I should add that this is at variance with some physiological writers, who state that the organ diminishes in length; but that the heart really elongates will be demonstrated to you to-morrow by the Professor of Physiology, who will show this, together with other points connected with the movements of the organ, by exposing it to view while in action in an animal poisoned by woorara.

Reverting to the rhythm and distinctive characters of the heart-sounds, these may be represented by certain words pronounced in a whisper. Bouillaud, who first proposed this plan, employed the words *tic-tac*. These words, however, do not represent the differences of pitch, quality, and length, between the two sounds, so well as other words which have been suggested. The words *lub-dup*, proposed by Dr. Williams, or *too-to*, proposed by Dr. Hughes, answer very well. The words used by Bouillaud answer equally well if they are simply reversed, viz. *tac-tic*; pronouncing these words in a whisper you have the relative characters of the first and second sounds very well represented. Representing the two sounds as heard at the apex, the stress of the voice should fall on the *tac*; the first sound in this situation, being the louder, is said to be accentuated. But to represent the relative intensity of the two sounds at the base of the heart, the stress should fall on the *tic*; the second sound in this situation being the accentuated sound.

As a further preliminary to the consideration of the diagnosis of valvular lesions, the different blood-currents through the orifices of the heart in health and disease, and their relations, severally, to the heart-sounds, must be clearly understood and familiar. I have already said that valvular lesions in the great majority of cases are limited to the left side of the heart. In considering the blood-currents, we will direct our attention to the left ventricle and auricle;

but the existence of corresponding currents on the right side of the heart will be sufficiently intelligible. There are two currents pertaining to health on the left side, viz. the *mitral direct* and the *aortic direct current.* We call these *direct* currents because the flow of blood through the orifices named is in its direct, normal course. The *mitral direct current* is from the left auricle into the left ventricle through the auriculo-ventricular or mitral orifice. Now, when does this current take place as regards the heart-sounds? It takes place when the auricle contracts, and the auricle contracts just before the contraction of the ventricle. The ventricular and the auricular contractions follow in quick succession, so that the two contractions succeed each other with scarcely an appreciable interval between them. This will be demonstrated in the physiological lecture to-morrow, when the heart in action will be exhibited to you. The first sound of the heart is due to the contraction of the ventricles; hence, the mitral direct current of blood must take place just before the first sound; it is pre-systolic, and there is no interval between its occurrence and the first sound.

The *aortic direct current* is from the left ventricle into the aorta. When does this current take place as regards the heart-sounds? It takes place when the ventricle contracts. And, since it is the contraction of the ventricles which causes the first sound of the heart, the current must take place with the first sound.

So much for the two direct currents. Corresponding currents on the right side of the heart should be called the *Tricuspid direct* and the *Pulmonic direct current.* The two remaining currents on the left side are abnormal, and they are distinguished as *regurgitant* currents. These currents only exist when certain valvular lesions are present; and this fact leads me to give a general account of lesions affecting the valves and orifices of the heart.

Valvular lesions are varied in their character. I cannot consider them fully in this connexion. They are due to atrophy of the valves, rupture, atheromatous and calcareous degeneration, warty growths, etc. On the table before me are several specimens. Suffice it to say, that the varied lesions may produce, *First,* contraction of the mitral or aortic orifice. Lesions producing this effect are called obstructive lesions; they obstruct the direct blood-currents. *Second,* they may impair the aortic valvular segments or the mitral valvular curtains, and render them to a greater or less extent inadequate to protect the orifices. The valves are then said to be insufficient or incompetent, and the orifices are said to be patescent. Consequently, regurgitation ensues, and then we have regurgitant blood-currents. If the mitral valvular curtains are damaged, we have the *mitral regurgitant current.* This abnormal current is from the ventricle to the auricle. When does it take place as regards the heart-sounds? The current is produced by the contraction of the ventricle; and, since the contraction of the ventricle causes the first sound of the heart, this current, of course, is with that sound.

If, on the other hand, the aortic valvular segments are rendered incompetent, we have the *aortic regurgitant current.* This current is from the aorta into the left ventricle. When does it take place as regards the heart-sounds? The current is due to the recoil of the arterial coats; and as we have seen that it is this recoil which causes the second sound of the heart, this current is with that sound.

Third, Valvular lesions may exist without involving either obstruction or regurgitation; they may simply present a roughened surface to the blood-currents in their direct course. We shall see hereafter that under these circumstances they give rise to physical signs. It may seem to you, gentlemen, that I am needlessly minute and tedious in these preliminaries to the consideration of the diagnosis of valvular lesions. But I assure you I am not so. Without a clear apprehension of, and familiarity with the blood-currents just named, and their relations to the heart-sounds, the signs on which the diagnosis of valvular lesions is based, cannot be made intelligible; and with this preparatory acquaintance with the blood-currents, the diagnostic signs of valvular lesions are at once easily understood. Let me, therefore, recapitulate the four currents; and I would urge you to repeat them sufficiently to render them perfectly familiar. Arranging them now into two classes, viz. the mitral and aortic, we have *First,* the mitral direct and the mitral regurgitant current; *Second,* the aortic direct and the aortic regurgitant current. The mitral direct current, produced by the contraction of the auricle, is pre-systolic, that is, it occurs just before the first sound of the heart. The mitral regurgitant current, produced by the contraction of the ventricle, occurs with the first sound of the heart. The aortic direct current, produced by the contraction of the ventricle, occurs with the first sound of the heart. The aortic regurgitant current, produced by the recoil of the arterial coats, occurs with the second sound of the heart. Adopting another classification, we may arrange the different currents into, *first,* those occurring with the first sound of the heart, and *second,* those occurring with the second or before the first sound; the former we may call the *systolic,* and the latter the *diastolic* currents. The systolic are the mitral regurgitant and the aortic direct current. The diastolic are the mitral direct and aortic regurgitant current.

I come now to consider signs of disease incidental to the blood-currents just considered. In health, as we have seen, we have only the direct currents, and these, owing to the smooth and polished membrane which lines the valves and orifices of the heart, occasion no sound. We have only, in health, the two heart-sounds which have been considered. If, however, the orifices through which the currents flow be contracted by obstructive lesions; if the valves are rendered incompetent by lesions so that regurgitant currents take place, or even if the endocardial membrane be roughened by calcareous deposits, vegetations, etc., adventitious or abnormal sounds are produced. These abnormal or adventitious sounds are called *murmurs.* Here is a conventional use of terms which is to be borne in mind. The two sounds of the heart, either preserving their normal characters or modified by disease, are known as the heart-sounds; but all sounds which are originated by disease—adventitious—are distinguished as cardiac murmurs. The *murmurs* produced by the blood-currents within the heart are further distinguished as *endocardial murmurs,* and murmurs without the heart, that is, on the heart's surface, are distinguished as *exocardial,* or, sometimes, *pericardial* murmurs.

The murmurs produced by the blood-currents, or the endocardial murmurs, differ as regards intensity, pitch, and quality. They may be more or less intense, varying from such a degree of fulness that they are with difficulty appreciated, to such a degree of loudness that they may be heard at a distance from the chest. They may be high or low in pitch. In quality they are said to be soft, rough, and musical. Generally they are soft, and resemble the sound produced by the air coming from a pair of bellows; and then, they are said to be bellows or blowing murmurs. Sometimes the quality of sound is expressed by such terms as rasping, filing, grating, croaking, and then the murmurs are said to be rough. In some rare instances (I happen to have an example now in my hospital wards) they have a musical intonation. I may remark here that the intensity, pitch, and quality of the murmurs have not, in general, much pathological or diagnostic significance. Their value in the discrimination of valvular lesions depends chiefly on other points, and the first point is always to determine by which of the four blood-currents is a particular murmur produced.

Continuing to limit our attention to the left side of the heart, each of the four blood-currents which we have considered, may give rise to a murmur, either soft, or rough, or musical. There are, therefore, four cardiac murmurs: two produced at the mitral and two at the aortic orifice. These murmurs are distinguished by the same names as the blood-currents. We have a mitral direct and a mitral regurgitant, an aortic direct and an aortic regurgitant murmur. These murmurs denote the existence and the situation of valvular lesions. Whenever we find an endocardial murmur we desire, in the first place, to determine which one of these four murmurs it is. How do we determine this? By ascertaining, in the first place, its relation to the heart-sounds. The relations of the several murmurs to the two sounds of the heart are, of course, the same as the relations of the blood-currents. Consequently, a mitral direct murmur will immediately precede the first sound, and the mitral regurgitant murmur will accompany and follow that sound; the aortic direct murmur will also accompany and follow the first sound, and the aortic regurgitant murmur will accompany and follow the second sound of the heart.

It remains to point out additional means of discriminating these four murmurs; to explain the mode of determining when two or more of them are present, as is not unfrequently the case, and to consider their diagnostic significance and value. These points I must reserve for my next lecture.

Original Communications.

REMARKS ON ALBUMINURIA,

MADE BEFORE THE NEW YORK ACADEMY OF MEDICINE.

By A. CLARK, M.D.,

PROF. OF PRACTICE AND PATHOLOGY.

(*Continued from* p. 187.)

We now turn to the fatty degeneration as it is called This term embraces the deposit of oil globules in three different parts of the kidney structures; within the cells of the epithelial lining; within the tubes when the epithelium has been more or less removed; and in the midst of the fibrous matrix or intertubular structure. The deposit is more frequently seen in the epithelial cells than in the empty tubes; but in all these forms it is an accident of Bright's disease frequently met with. Mark, an *accident.* And I wish to say again to those who are accustomed to speak of *fatty kidney* as one of the forms of that affection, that though fatty deposit may be a marked feature of this or that specimen, it does not characterize any variety of the disease to the exclusion of other lesions, and has no claim to be the basis of a classification. At least in these thirty cases, though it occurred very often, and in its various forms, there was not a case in which it was not attended by other grave changes; and in a much larger range of cases, I cannot remember an instance in which it occurred alone. Its presence or absence cannot be known during life by any symptom, or inferred from the habits or condition of the patient with any degree of certainty, except from the fact of finding or not finding fatty cells or fatty casts in the urine. It is true, that among the lesions of the large white kidney, oil globules in greater or less quantity are almost always to be found, and that we may often recognise this kidney before death. So far we can go. But this is in no proper sense *the* fatty kidney.

The infiltration of oil into the cells of the epithelium varies in degree from a globule or two, to the greatest capacity and distension of the cell. The globules are usually small and often numerous, as seen on cards No. 7, 9, and 14, though sometimes they are of such size that one to six of them will not only fill but greatly distend a cell, as on No. 17. Sometimes a few only of the cells in the different tubes contain the oil, the others presenting a healthy appearance; and again, the deposit will be found more or less abundant in one-half, or two-thirds, or indeed in almost all the cells throughout the organ. When the fatty deposit in the cells is at all considerable, the attachment of these cells to the basement membrane is easily broken up, and slight manipulations empty the tubes, while the fatty cells are seen floating in the menstruum by which the piece is surrounded. The oil-laden epithelium is not only discharged in this way after death, but there is reason to suppose that it is easily cast off during life, for we occasionally find great numbers of these fatty cells in the urine; and in our microscopic examinations we sometimes find tubes entirely destitute of epithelium of any kind, and filled with oil globules, large and small. This oily exudation must have occurred before death, and the epithelium must have been cast off before it could have occurred. Examples of these oil-filled tubes are seen on the large sheets, on a card No. 16, and on that marked "Beaumont's kidney." In none of these instances was there any considerable amount of oil in the intertubular spaces to favor the idea of post-mortem infiltration. It is to be remarked, that in these tubes there appears to be no more power to reproduce the epithelium than in those that have been denuded by granular degeneration. It is barely possible that the oil within the otherwise empty tubes may come from the bursting of fat-laden cells; but there is no evidence of it in the discovery of here and there a less heavily laden cell, or of the debris or fragments of cells. Besides this, there is no reason for supposing that the fatty cells are destroyed as the granular cells are; but it would seem that when they are filled to a certain degree, they fall off and are carried away with the cell-walls unbroken. Thus we have the deposit of oil globules in the cells, and in the uriniferous tubes when deprived of epithelium.

We often see it also infiltrated into the fibrous matrix. Granular matter such as is seen within the tubes is not found here. There is a very fine nebular deposit often in the midst of the fibres and on the malpighian bodies, the nature of which I have not investigated. Occasionally, the fibres themselves appear granular, as if granules produced from the plasma could not be marshalled into their places to form compact tissue, or as if protein granules were produced in needless profusion, and could undergo no further transformation. These granules are larger than those which result from the breaking up of the epithelial cells, having more resemblance to fat globules, with which they are often mingled. The fibrous matrix itself sometimes breaks down, leaving a granular debris mingled with oil globules. It is claimed that this change is a conversion of a protein or fibrous tissue into oil or fat. This may be so, but it seems to me more in accordance with known facts to suppose that while the fibrous material is undergoing disintegration and removal, there is a deposit of oily matter, in the same manner as when the liver, or the cells or tubes of the kidney, become fatty. This oil is probably a contribution from the dissolved fat of the circulating blood. The intertubular fat is usually deposited in small globules, though sometimes the globules attain considerable size. It is sometimes seen in thousands of shining grains on the outside of the uriniferous tubes, and not in the fibrous matrix proper, though far more commonly it is diffused pretty regularly through the latter. The illustration of this outside tubular deposit may be seen on card No. 8, and the more general diffusion of it on No. 12. This intertubular oil is sometimes deposited in circumscribed spots, and not distributed evenly through the matrix. When this is the case there are usually evidences of disorganization, such as the absence of tubes, and a granular condition of the fibrous tissue, at these particular spots. Such a spot has a grey or white opaque appearance, and when the spots are numerous, we get one of the varieties of grey mottled or spotted kidney. It will soon appear that this excess of oil globules, in one or other, or in all the forms here described, is one of the causes of the white, yellowish, or grey color which the large kidney is so apt to assume. The granular degeneration just described is another of the causes of this change of color.

The fatty and granular changes often concur in the same kidney, as I have already stated, and when combined each contributes to the same result. I exhibit here some illustrations of this concurrence. Cards Nos. 10, 11, and 15, show cells which are undergoing the granular disintegration, and contain at the same time many small oil globules. No. 9 exhibits groups of cells in different stages of the granular degeneration, and among them only here and there a small globule, also a group of cells from another part of the same kidney, that are heavily loaded with oil;—while Beaumont's kidney and No. 16 show us tubes deprived of epithelium, and loaded with granules and oil globules mingled in varying proportions. Either of these two lesions may occur separately, or they may co-exist in the same organ, both of them varying in degree almost infinitely.

The malpighian bodies, in the large proportion of cases, are found to have undergone little or no change. In rare instances, they will be very conspicuous in the microscopic field, on account of the bright blood color which they retain. One aspect of this condition has been already spoken of. If kidneys could be seen during life, this red color would doubtless be found to be normal; but when, after death, after the large vessels have been cut in removing the organ from the body, and the smaller ones in getting a portion for microscopic examination, the blood still fills the malpighian tufts, it is received as evidence of antemortem congestion, and a congestion affecting these bodies disproportionately, perhaps. I do not know that this state has any other significance. When seen, it does not characterize any particular stage of disease, though most frequently met with in the earlier periods, and rarely if ever in the contracted kidney. In such cases, the urine of the last twenty-four hours, or last days of life, is frequently scanty, high colored, and contains blood. The last marked case which I have met with was in a young man who had had paraplegia for two years, and Bright's disease for several months. The kidneys weighed between six and seven ounces each, and contained an excess of fibres and some cysts.

The malpighian bodies are also subject to important alterations in the fibrous or contracted kidney. The capsule or investing membrane, usually thin, delicate, and hyaline, often becomes thickened and fibrous, and greatly contracted. When this happens, the fibres which have been added are usually distinctly visible by the microscope, giving to the membrane an aspect very different from that which it has when natural. The body is by this means contracted, sometimes even to a quarter of its proper dimensions. With this contraction there is a dwarfing of the inclosed tufts, and not unfrequently a complete absorption of them; and it is noticeable often that the tufts are shrunken in a greater degree than the capsule is contracted, so as to leave an unoccupied space within the diminished capsular cavity. Thus, many of these important bodies are, in some instances partially, in others wholly destroyed; and this it appears to me is effected by the contraction of new, or at least abnormal fibrous tissue, in this instance deposited on a tissue in which naturally fibres cannot be seen. In some kidneys a very considerable proportion of these bodies have undergone these changes, but never all of them.

In the same variety of this disease, the uriniferous tubes are often found to be seriously implicated. Their size is seen to be diminished through large portions of the kidney. In certain limited portions they are occasionally entirely destroyed. When the tubes have disappeared, their places seem to be taken by granular fibres, the pseudo-fibrous debris of the tubes, rather coarse granules and oil globules. These changes seem to be most easily explained by supposing them to be the effect of pressure produced by the contraction of an unnatural amount of fibrous tissue.

Serous cysts, often of a size to be appreciated by the eye alone, often microscopic, are very common in the contracted kidney. Numbers of them may be seen in the drawings of the small and medium-sized kidneys, now in the hands of the Fellows. Those that are visible to the naked eye, vary in these specimens from the size of a pin's head to that of a bean. They are distributed everywhere through the secreting portion of the organ, but those that principally attract attention, though formed in the cortical layer, have pushed out and become prominent on the surface. They consist of a semi-transparent capsule or cell, and nearly transparent watery contents. The size to which they can attain, or the number which can be formed in any particular organ, is almost indefinite, but those here represented are not very large or very numerous. They may occur in kidneys not known to be fibrous, or in any other manner diseased than that they are invaded by these cysts. The origin of these bodies has been the subject of much speculation, and of some research. It is claimed that they are produced by a serous infiltration into the inverted portions of the uriniferous tubes which are supposed to be reflected over the malpighian bodies to form their capsules. It would be near the truth, therefore, in this view, to call a serous cyst, a dropsy of one of the malpighian bodies. Another theory is, that they are formed by the extraordinary development of some of the natural cells of the organ; and as all the natural cells are within the tubes, except the fibre-cells, which have never been thought susceptible of this transformation, this hypothesis implies that the cyst is at first intratubular. But the opinion which has the endorsement of Dr. George Johnson, is the only one which I need stop to consider. In his view these cysts are formed out of the uriniferous tubes after the epithelium has been cast off. He gives a figure (p. 218) of such a tube undergoing the change into cysts, "much dilated, and bulging in the intervals of the fibrous rings, by which it has, in parts, been constricted." The idea seems to be that the fibrous matrix, or portions of it, contract irregularly around the tube and cut it into sections, and that in each of these sections the tube becomes closed so as to form a cell or cyst, thus making a series of cysts, which gradually enlarge till they are of a size to be examined by the naked eye. "A careful examination," he says, "will always detect in immediate contact with the cyst-like appearances, unequivocal portions of the elongated tube having the same structure and contents as the other parts, and evidently identical and continuous with them, the continuity only being concealed by the fibrous tissue in which they are packed." It is now many years since I explained my own views of the origin of these cysts to the Pathological Society. Before I was acquainted with the opinion of Rokitansky or Prof. Paget, and I believe before their observations were published, I had become convinced that they begin in independent germs, that they are recognisable as cells while they are yet small, smaller than the uriniferous tubes, and that they can be seen of increasing size, of every possible diameter, up to those that are large enough to be appreciated by the naked eye. They are wholly intertubular, and nothing that I have ever seen would allow me to admit Mr. Simon's theory that they are originally epithelial cells which have escaped into the matrix by the bursting of the tubes. They appear to my eye to have the same origin that cysts have, around and behind an indurated or a cancerous breast; in the neck, when not connected with the thyroid gland; in the bones, and in the muscles. I call attention particularly to the cysts which occur among the fibres of muscles, and also to those which are found in the adventitious fibrous layer which is formed in chronic dysentery under the peritoneal covering of the large intestines, as they resemble very strikingly the serous cysts of the kidney. A drawing that I here exhibit will give an idea of their appearance among the multiplied fibres of the intestine. But for the absence of tubes in the tissue, they might be mistaken for kidney cysts. They are, however, more markedly oval, and their contents are more granular than would usually be found in that organ. Cysts of this kind, as well as those which occur in fibrous and other tumors, can hardly be accounted for on the supposition that they are transformations of any of the native elements of these parts. They are, in all probability, a new and independent formation. They are, in the words of Prof. Paget, "primary or autogenous cysts." Such, it is my conviction, are the serous cysts of the kidneys. But I must admit that reasoning and analogies are little to the purpose, except to show what is possible. After that, the question must be settled by observation and testimony. Dr. Johnson thinks he has seen the tubes breaking up into cysts, and believes he has seen the tubes "identical and continuous with them" (the cysts), with this modification, however, "the continuity only being *concealed* by the fibrous tissue in which they are packed." When I examine Dr. Johnson's figure, I think I have seen the appearance which he represents, and have convinced myself that the "bulgings" were independent cysts, and "the fibrous rings by which it (the tube) has been, in parts, constricted," are a part of the augmented intertubular matrix, separating primary and originally isolated growths. The prolongations, by his own statement not very obvious, I have never seen, or if I have seen them, they have been to my eye adjoining cysts, elongated somewhat as these kidney cysts often are; or a uriniferous tube which has been bent by the growth of a cyst and has resumed its course above or below in the line of the latter. I cannot say that I have distrusted my own observations on this point, for it has seemed to me, these many years, that I could demonstrate the facts, as I have seen them, to any person who had even a moderate familiarity with the microscope; but I was gratified to learn from Dr. Elliot that the late Dr. Isaacs, a year or more before his death, satisfied himself of the independent and primary origin of these cysts. In passing, it may be worthy of remark, that while Dr. Johnson is persuaded that new fibrous tissue has no important share in producing any of the characteristic features of chronic nephritis, he still finds that the uriniferous tubes are constricted by portions of the fibrous matrix. This would hardly occur, if this matrix were normal in quantity and healthy in quality. But this is aside from our present purpose. It is more apposite to inquire by what autoplasty the severed portions of the denuded tube are to unite to form a cyst. It is far from inconceivable that they may do so, but it would add to the strength of the theory, if, independent of the theory, they were shown to possess such a power. In dismissing this point, I will repeat that to my eye the cyst is a cell from the first; and add that these bodies, while they occur in many parts of the system, have a preference for new formed fibrous tissue, hence their occurrence in and about the indurated breast, in the fibrous hypertrophy of the intestines, in fibrous tumors, and, as I believe, in the adventitious fibrous tissue of kidneys affected with Bright's disease, yet nowhere showing any marks of being formed out of such tissues; that their occurrence in the neck, and the remarkable number that is sometimes seen in the kidneys, when these organs are not known to be affected with any form of Bright's disease, or any other disease but "cystic degeneration," renders it probable that no hypertrophy of the fibrous tissue is necessary for their production; and that the occurrence of uncomplicated cystic degeneration will, in the view taken by most pathologists, of the different behavior of old and new fibrous tissue, be fatal to Dr. Johnson's theory, if the cysts of this degeneration are admitted to be the same as those of the fibrous kidney.

There is still a question which the microscope ought to solve, but which to my mind is only partly answered. What causes the great enlargement of the kidney in Bright's disease? The granular degeneration of the cells does not materially enlarge the tubes, and consequently cannot greatly expand the kidney. The cells that become loaded with oil diminish the calibre of the tubes oftener than they dilate them, yet such tubes are often dilated. The oily deposit in the denuded tubes, though the latter are often large, affects only a limited portion of any kidney. Here then we seek in vain for the adequate causes of an augmentation which sometimes reaches four times the size and weight of the healthy organ. The intertubular deposits have been described as fibres, serous cysts, granules, and oil globules. The first two have, as a rule, no part in producing the enlargement. The fibrous formations contract the organ. It is only when the plasma is taking form or the fibres are incompletely consolidated, that the bulk of the material would add much to the general mass, and in this condition they are rarely, if ever, seen in the affection we are considering. The cysts are things apart, and as has been said, belong mostly to the fibrous kidney, though they are sometimes found in those that are larger than natural. It is to the granular matter and to the oil, among the visible deposits, that we are to look for the enlarged dimensions. That there is an infiltration of some sort into the structures is obvious. The cortical layer is often unnaturally thick, the pyramids are separated from each other by unusual spaces, and their external borders are made feathery by the exudation of new material between their elements. In kidneys which have become very large, I have sought in vain for such a quantity of either or both these substances as would fully account for the enlargement. Dr. Goodfellow attaches much importance in this connexion to a watery or œdematous state of the kidney, and thinks that the renal œdema precedes the general anasarca. "The serosity," he says, "drops from it (the large kidney) in large quantity as you make a section of it." (p. 60.) Watery kidneys, it is true, are not very uncommon, but I can assert positively that some of the largest I have seen have been firm and resisting to the finger, and have not been loaded with serum. I may add Dr. Goodfellow (p. 201) finds that "the tubes are empty and compressed in places, but in general are greatly distended with altered epithelium, mixed with granular matter more or less fine." These distended tubes would help to explain the augmented size of the kidney if they exist, but as I have already stated, in my examinations, for the most part, the distended condition has not been found in such degree as to be very important in this respect. Thus then the matter stands. I do not think we have yet a full explanation by the microscope of extraordinary enlargements of the kidney.

I will now offer a statistical report of the condition in which the kidneys were found in these thirty cases, on microscopical examination. We have already seen that there are symptomatic distinctions between the large and small kidney that are, at least in the extreme cases, pretty easily made out. We shall learn from this report that the lesions have no such distinct and separate characters, but that what happens to the large kidney happens also to the small, and that the organ becomes large or small through the agency of deposits that are common to both; the large or small size being the result of quantity and proportions, and also of the circumstances attending the exudations.

It will be remembered that among these thirty cases the kidneys were contracted in four; of nearly normal size in nine; and large, often white, in sixteen. We might expect an excess of the fibrous matrix in the four that were contracted, and not look for it in any of the others. It occurred, indeed, in these four, but it also was found in eleven that were not contracted thus:—

Fibrous matrix noticed in	29
Fibres, in unusual abundance, firm or granular, in .	15
" little or not at all increased, in	14

The weight of the kidneys in which the fibres were in excess was as follows, in ounces:—2¼, 3, 4, 4½, 5, 5¾, 7, 7, 7½, 8½, 9, 9½, 9½, and 12, embracing the smallest and the largest, and running through nearly all the intermediate sizes. The greatest excess was noticeable in those that were contracted. The weight of those in which the fibrous matrix was but little or not at all increased was as follows:—4, 4½, 4½, 4½, 5, 5½, 6, 6, 7, 7½, 8, 9½, 9½ oz. The average weight of the kidneys containing an excess of fibres was 6¾ ounces; of those not having excess, or doubtful, 5¾ ozs. But the kidneys weighing 9½ oz. had an abundance of fibres, and it was doubtful whether they ought not to have been transformed to the other class. Thus it appears that while this excess is the characteristic feature of the contracted kidney, it is seen in every gradation of size.

The granular degeneration of the epithelial cells was more frequently met with than fatty deposit in the cells, and when they concurred in the same kidney, the granular degeneration was commonly the most marked.

Granular degeneration of the cells occurred in 24.
" " " did not occur in 6.

(To be Continued.)

CASE OF IMPENDING DEATH.

TREATMENT AND RECOVERY BY TINCTURE OF CANTHARIDES IN LARGE DOSES.

By JOSIAH A. B. MUSE, M.D.,

ATTENDING PHYSICIAN AND SURGEON TO THE U. S. GENERAL (MARINE) HOSPITAL, NEW ORLEANS, LA.

Benjamin Washer, æt. 30 years, came under my care, at this hospital, laboring under pulmonary tuberculosis. On Sunday, Sept. 7th, he became wildly delirious. Taking it, in view of circumstances, to be a case of tubercular meningitis, I treated it as such, and sedative treatment (qualified by supporting measures) was pursued, but without the least benefit, until symptoms of "prostration with excitement" became so unmistakably evident that all direct sedatives were abandoned, and a plan of treatment, from which they were scrupulously excluded was adopted. On the evening of Tuesday, Sept. 9th, however, he began to sink; he had not slept for three nights; no nourishment, since the first day, could be retained for a moment on the stomach. He continued steadily sinking until the time of my visit on Thursday morning, Sept. 11th, when I found him moribund. *Animal* life might almost be said to be extinct. The radial pulse was still perceptible, and diaphragmatic respiration was yet performed. The reflex action of deglutition could be excited only with the greatest difficulty, and the sphincters were all relaxed.

Prof. R. K. Browne, of New York, Surgeon-in-chief at this Hospital, had intimated to me, a short time ago, that he desired me to administer tincture of cantharides in the first desperate case of impending "death by asthenia" which should present itself in any of my wards. Although I did not consider this as a fair case for an experiment, inasmuch as I hardly expected the patient to live longer, I, however, drew his attention to the facts. At his suggestion I commenced the "heroic" use of tincture of cantharides, in doses of forty minims, frequently though irregularly repeated, according to the effect produced. The result was wonderful. In an incredibly short space of time (in the order of time in which I have enumerated them), warmth returned to the skin; the sphincter muscles regained their normal degree of tonicity; the "Hippocratic countenance" entirely disappeared; respiration was once more fully and equably performed; and every bad symptom vanished as it were by magic. Within three or four hours I had administered between two and three fluid drachms of the tincture. The patient enjoyed a refreshing sleep during the ensuing night. On the following morning he was in the calm possession of his mental faculties; took and retained amply sufficient nutriment, and was fairly on the high road to recovery. The tincture was given in diminished doses, and at length withheld, and the patient, on the Sunday following (Sept. 14th), had entirely regained his previous condition of health; his recovery having been more rapid than his decline, and without the least symptom of strangury having once made its appearance. It is the opinion of Dr. Browne that strangury will never occur in these extreme cases of debility, and that life may sometimes be saved at the last by this heroic remedy. In other cases he recommends it in combination, in smaller quantities, with other remedies, when a pure and powerful stimulant is needed.

Professor Hyrtl and Professor Hebra have received Exhibition medals; the first for his anatomical preparations, the last for a water-bed.—*Dub. Jour.*

Reports of Hospitals.

BELLEVUE HOSPITAL.

MITRAL DIRECT MURMUR, ILLUSTRATED BY CASES.

SERVICE OF DR. AUSTIN FLINT.

Auscultation has shown us that in organic disease of the heart the existence of four distinct murmurs can be clearly pointed out; these are the mitral direct and regurgitant, and the aortic direct and regurgitant. Concerning the three latter very little difference of opinion exists as to their frequent occurrence, but of the first named very many have denied its existence altogether. The following cases in which this murmur was known to have existed afford a sufficient opportunity for studying some of its characters.

The murmur is produced by the current of blood which is propelled over the mitral valve into the ventricle by the contraction of the auricle. As the contraction of the auricle immediately precedes that of the ventricle, it follows that the sound produced by that current must be pre-systolic, that it must be arrested immediately when the first sound takes place. The sound is generally harsh and of a blubbering and fluttering character, heard immediately before the first sound of the heart with no interval between. The condition which usually gives rise to it is that known asthe "button-hole slit," where the margins of the valves are adherent to each other. But there is no just reason to suppose that organic diseases always coexists with the sound, inasmuch as it may be produced when the valve is perfectly healthy. As proof of this fact it has been known to have been produced by aortic regurgitation, and Dr. Flint is disposed to explain its occurrence in the following ingenious manner. There being considerable insufficiency of the aortic valves, the ventricle is so filled with blood that the mitral curtains are floated up and the edges of the valves brought in contact, and while in this situation the auricle, contracting, throws the blood through the curtains, producing the peculiar blubbering sound. The murmur may again be produced, though very rarely, by the flow of blood over a roughened surface. The murmur is heard most distinctly at or a little within the apex beat, and its connexion with the first sound may be easily made out by placing the finger upon the carotid. The pulsations of this artery being, so to speak, synchronous with the first sound, the murmur will be found immediately to precede it. This serves, in a measure, to distinguish it from the diastolic murmur; but there will be found another important distinction to exist, being a well marked interval between the end of the second sound and the commencement of the murmur. This murmur may, as will be seen by a reference to the following cases, coexist with others—as for instance the mitral regurgitant. In that case the distinction between the two is for the most part very certain and satisfactory, the one being usually harsh and pre-systolic, the other following the first sound and very often being soft.

I.—*Mitral Direct Murmur and Enlargement of the Heart.*—Johannah D., æt. 24, was admitted Nov. 10, 1861. She stated that she had had two attacks of acute articular rheumatism, the first two years before, and the latter about nine months before admission. She had had cough and expectoration for three years, and repeatedly bloody expectoration for six or seven months. She had suffered from palpitation of the heart on exercise. On one occasion her appetite was poor, bowels regular, menstruation profuse, pulse eighty-six and small, respiration twenty-four and not labored; was subject to attacks of hysterical convulsions.

Physical Signs.—The apex beat was in its sixth intercostal space; impulse, also, in fifth intercostal space. The area of the superficial cardiac region was proportionably increased. A loud and rough pre-systolic murmur was heard, with its maximum of intensity at the apex, and extending a little to the outside of it. Over the body of the heart it was distinct, but comparatively feeble. It could be heard over the whole surface of the left side, but became distant, less rough, as well as less loud, after a short distance without the apex. It was very loud within the apex. The murmur could be distinguished but indistinctly at the lower angle of the scapula, and on the left side, and in the left interscapular space.

The pulmonic second sound was somewhat louder than the aortic, which did not appear to be much if at all weakened. No murmur was found save the mitral direct. There was no turgidity of the cervical veins nor pulsation. No œdema anywhere; no distinct sign of tubercle. A tonic course of treatment was pursued, and the patient passed from under observation on the 30th of March.

II.—*Mitral Direct Murmur.—Aortic Regurgitant Murmur.—Enlargement of Heart.—Angina Pectoris.*—Anna S., aged 32, domestic, Ireland, was admitted during the month of May, 1861. She had an attack of acute rheumatism six years ago, and suffered from it for eleven months. Had no similar attack before or since. Dyspnœa first showed itself a year before admission, accompanied with pain in the præcordia, and palpitation, all of which was increased on exercise. On admission she stated that she was subject to paroxysms of severe pain in the præcordia, lasting from five to ten minutes, and extending to the left arm as far down as the elbow, accompanied by a cramping sensation in the left hand. During these paroxysms great palpitation occurred, and she experienced a sensation as if death were impending. These attacks occurred two or three times every alternate day, and seemed not to be produced by any exciting cause. She was able to be up and assist the nurse in her duties about the ward without much inconvenience. Her aspect was healthy, her appetite good, and menstruation regular. The pulse was 72, rather weak but not jerking, and the respiration was 20 per minute.

Physical Signs.—The apex-beat in the sixth intercostal space on a line with the nipple, the impulse being felt in the fifth, fourth, and third. There was no heaving of the præcordia, but a sharp shock was communicated to the hand. An aortic regurgitant murmur was heard loudest to the left of the median line, a little below the level of the nipple. There was also a feeble rather indistinct aortic direct murmur at the base on the left side, but not on the right. This murmur was not recognisable in the carotid. A mitral direct murmur (rough) was heard a little within the point of the apex-beat. No mitral regurgitant murmur existed. There was no murmur in the carotid anterior to the sterno-cleido mastoid, but a loud one below and posterior to this muscle on both sides. The first sound over the apex was notably loud, long, and booming, and was propagated loudly into the carotids. The pulsations of the carotids were visible, but not markedly so. No turgidity of the cervical veins. The patient's condition remained for the most part unchanged up to the 30th of March, when she passed from under observation.

III.—*Mitral Direct, Aortic Direct, and Aortic Regurgitant Murmurs.—Paralysis of the Left Upper and Lower Extremities (Embolus?)—Epileptic Convulsions.—Danger of Death from Chloroform.*—Mary Austin, aged 24, was admitted in August, 1860. She was the mother of one child. She suffered from an attack of acute rheumatism four or five years before admission, and was confined to her bed four months. About a year after she recovered from the rheumatism, she became suddenly paralysed in the left upper and lower extremity. The face was not affected. When admitted to the hospital she recovered from this difficulty so as to use her left arm, but the leg of the corresponding side was still more or less affected.

About eight months after the attack of paralysis she began to have convulsions, which, from the description she gave, were undoubtedly epileptic. She would have a great number of these attacks in rapid succession, and on one of these occasions chloroform was resorted to by Dr. Thomas, and she came so near dying from the anæsthetic, that for a time she seemed to be dead. For two years she had palpitation and dyspnœa on exercise. During her stay in the hospital she was subject to pains in the præcordia, extending to the left shoulder and down to the elbow. Pulse 100, respiration 36. Appetite was good, but bowels were constipated. The treatment consisted in the administration of ethers, laxatives, and occasional dry cupping.

Physical Signs.—The heart was moderately enlarged, the apex beating in the sixth intercostal space without the nipple. . There was considerable shock over the præcordia' but no heaving. An aortic direct murmur was heard at the base of the heart on the right side—it was feeble, low, and somewhat rough, being propagated into the carotids. A soft, feeble, aortic regurgitant murmur was heard at the left of the sternum over the body of the heart. A very loud, rough, and characteristic mitral direct murmur was heard around the apex. No mitral regurgitant murmur discoverable. The aortic second sound was notably weakened, and the pulmonic sound notably intensified. On the 30th of March, the time the last note was made, the patient's condition was about the same.

Reports of Societies.

NEW YORK ACADEMY OF MEDICINE.

STATED MEETING, April 16, 1862.

DR. JAMES ANDERSON, PRESIDENT, IN THE CHAIR.

DISCUSSION ON PELVIC HÆMATOCELE.

DR. J. BYRNE, of Brooklyn, read a paper on "Pelvic Hæmatocele," of which the following is an abstract.

After briefly alluding to the earlier history of bloody tumors of the female pelvis, the author confines himself principally to a review of the literature of the subject from 1850 down to the present time. Though the escape of blood into the retro-uterine cul-de-sac of the peritoneum has been noticed for a long time by various observers, yet but few well authenticated cases of encysted pelvic hæmatocele are to be found recorded previous to 1850, and "*even yet some of our standard works on the diseases of females deny the subject a single chapter.*"

The principal, if not the only authors in Great Britain, who have written anything on the subject, are Drs. Tilt and West, and Professor Simpson, and in America, Professor Bedford, who has reported a very interesting case in his work on the diseases of females.

To French physicians, therefore, almost entirely, and to Professor Nelaton in particular, are we indebted for our knowledge of the disease; and the discussions and essays which followed his investigations, prove not only how little the malady has been studied, but also how much we have yet to learn of its true pathology. Much diversity of opinion seems to exist regarding the source of the hæmorrhage, and consequently the relative location of the tumor in hæmatocele; some contending that the effusion takes place, for the most part, either from the peritoneal surface of the ovary or the abdominal orifice of the fallopian tube, and therefore into the recto-uterine cul-de-sac of the peritoneum; and others, that the utero-ovarian veins are the seat of the effusion, and that the sub-peritoneal cellular tissue will be found to be more frequently the pathological nisus in such cases.

The author of the paper discusses at some length the various opinions on these important questions, and regards the pathological changes observed in cases of death as of little value in a statistical point of view, because the majority of intra-peritoneal extravasations must necessarily be fatal, and hence he believes that the sub-peritoneal form of hæmatocele is by far the more frequent.

Exception is taken to the opinion of most, if not all, previous writers on this disease regarding its connexion with "*disordered menstruation,*" which latter the author seems to consider as one of the consequences of some pre-existing pathological condition in the ovary or neighboring tissues; because, though admitting that hæmorrhage "to a limited extent," from one or more of the Graafian vesicles, may take place, yet sufficient blood to produce even a moderately-sized retro-uterine tumor cannot be extravasated from a healthy ovary, or a tube whose lining membrane is free from structural lesions.*

The "*ovarian irritation*" of Drs. Bennet, West, Churchill, and others, though often the result of uterine inflammation, is, nevertheless, frequently a primary affection, depending on inflammation of the ovary and neighboring tissues.

The causes are divided into *predisposing* and *exciting*, as follows:—(1st.) Inflammation of the uterine appendages, and its consequences. (2d.) Habitual constipation of the bowels, and morbid growths interfering with the free return of venous blood, and thereby producing a varicose condition of the vessels. (3d.) A hæmorrhagic diathesis from a disordered state of the blood. (4th.) Tubular, uterine, or vaginal occlusion, obstructing the normal secretion or giving rise to regurgitation through the Fallopian tubes. The immediate or *exciting causes* may be, (1st) sudden suppression of the menstrual, or a hæmorrhoidal discharge; (2d) tenesmus or violent muscular exertion; (3d) injuries by a fall or otherwise, and (4th) excessive coitus, and mental emotions tending to active congestion of the internal organs of generation.

Still another cause remains to be mentioned, which might with propriety be classed both as predisposing and exciting, namely, extra-uterine pregnancy.

When the hæmorrhage takes place from the under surface of the ovary, or within the folds of the broad ligament, the patient having previously suffered more than usual from pain in one or other iliac region, will complain suddenly of severe cramp in the lower portion of the bowels, accompanied or soon followed by tenesmus, and weight referred to the loins and sacrum; there may be painful and difficult micturition, and if the quantity of blood poured out be great, faintness, and even complete syncope may now take place; the skin assumes a pale or sometimes anæmic hue; the extremities become cold, the countenance anxious, pulse small and frequent, and the abdomen tympanitic, and very sensitive to pressure, particularly over the seat of the rupture. At this stage of the case, a vaginal examination will rarely fail to detect a tolerably firm and irregular tumor, somewhat painful to the touch, and situated directly behind, or to either side of the uterus.

[A full report of what the author considers a case of subperitonæal hæmatocele of "the most exaggerated type" is referred to, but our space will not permit us to do more than allude to it; we can merely refer our readers to the original paper for its minute and instructive details.]

When the flow of blood takes place into the retro-uterine cul-de-sac of peritoneum the symptoms will of course be most alarming. The pain referred to the hypogastrium will be more intense, and the collapse more complete and enduring; the abdomen rapidly becomes tympanitic, and vomiting of brown or dark grumous liquid, now incessant, adds much to the distress of the patient; the pulse, if perceptible, is very small and rapid, and the features assume a hippocratic expression. Voisin, referring to the frequent absence of premonitory signs indicative of the occurrence, says, that "the suddenness of the symptoms has sometimes led to the suspicion of poisoning."

The Diagnosis of hæmatocele is in most instances extremely difficult, as proved by the case of M. Malgaigne, as well as those of other observers. And referring to this part of the subject, Nélaton says, "the first case which I saw, I pronounced encephaloid disease, and incurable;" and of the second he adds, "I reflected a long time, and concluded at last to introduce a trocar: if *cancer*, it could do no harm, and moreover, I had an idea that it might prove to be *abscess*."

If, however, a careful inquiry be made into the previous history of the case, it seems hardly possible to make such grave mistakes; because, malignant growths, at least, and hæmatocele, present so few symptoms in common, that unless in a very anomalous case of the latter, which might possibly exhibit some extraordinary features and complications, such an error of judgment would seem to argue great remissness on the part of the professional attendant.

The *principal* diseases with which it might be confounded, are, *pelvic abscess, retroversion of the uterus, dislocated ovarian cysts or fibrous tumors, and extra-uterine fœtation.*

Suppuration will, for the most part, be ushered in by much constitutional disturbance, manifested by fever, rigors, &c. The swelling is more painful to touch, and gradually increases in size, and becomes softer. Whereas, *in hæmatocele the tumor is immediately formed*, and in the course of time may become less sensitive, and in all cases more firm.

Retroversion at first sight might be mistaken for hæmatocele or vice versâ, but the position, or rather direction of the os and cervix, and other features diagnostic of this displacement, render it hardly possible to entertain doubts on this point after mature reflection: should some peculiarities represent, however, tending to excite suspicions one way or other, the introduction of Simpson's sound will be the most unequivocal means of arriving at a correct inference.

Ovarian cysts are less likely to be mistaken for hæmatocele than fibrous tumors, because, though their sudden displacement into the retro-uterine region might give rise to symptoms very analogous, yet in the former, the swelling will be more isolated and to a certain extent easily defined, movable, and situated pretty high up in the vagina: the uterus will also admit of being moved independently of the tumor, especially if the sound be used; and lastly, there will be no sudden anæmia.

Fibrous tumors in the posterior uterine wall, being intimately connected with this organ, might, if examined without reference to the previous history of the case, be mistaken for hæmatocele, but with ordinary diligence in our investigation such an error would seldom if ever occur.

Extra-uterine pregnancy, in some of its characters, might resemble retro-uterine hæmatocele, but the mildness of the symptoms, some of them perhaps being those referable to ordinary pregnancy, the slowness of their development, and the detached and movable nature of the tumor, ought to distinguish it from an *encysted* hæmatocele at least.

The mistakes of Nelaton, Robert, Huguier, Dupuis, Stoltz, and Malgaigne, are referred to by the author, in proof of the great difficulty with which an accurate idea of the nature of these tumors can be arrived at in some cases. "A correct diagnosis will often be impossible until the trocar shall have entered their walls."

Treatment—Should be threefold—preventative, palliative, and curative.

If the author be correct in attributing these maladies to inflammation of the ovary and varicose veins within the folds of the broad ligaments, "*preventative treatment* demands *our first and most earnest attention.*" This will be best accomplished by local depletion, counter-irritation, and gentle laxatives.

Palliative treatment would consist in restoring the equilibrium of the circulation, combating the peritonæal complications by local depletion and other antiphlogistic measures, relieving pain by anodynes, and supporting the patient by proper nourishment.

(*To be Continued.*)

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Dante.—The *Patrie* has made the notable discovery that Dante, the great Italian poet, was an apothecary. The name of the illustrious poet has been found in a register of the 15th century, figuring in a list of physicians and chemists, and inscribed in the number of the latter in 1282.—*Dub. Med. Jour.*

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* It is hardly necessary to state that the author does not question the fact, that menstrual regurgitation may give rise to *intra-peritonæal* collections.

American Medical Times.

SATURDAY, OCTOBER 25, 1862.

TRIAL OF MRS. REAL.

The public in general was much interested last week in this trial. The medical profession had a still greater interest, which was to know whether the plea of moral insanity given by the accused (Mrs. Real) who had shot and killed her alleged husband, would be admitted or rejected. The celebrated Mr. James, late of London, was the defender; and Mr. Hall, District Attorney, though much younger, no less a lawyer of great learning and ability, was the prosecutor in the name of the people of New York. Now that a verdict of manslaughter in the third degree, with mitigating circumstances, has settled the question of moral insanity for a long time, we hope, it becomes the duty of the medical press to note how the medical evidence was understood and appreciated by the jury and the court, and finally, what were the grounds of accusation and defence, as well as the charge of the judge relating to moral insanity. The jury followed the opinion of the physicians, who declared they could find no symptoms of insanity; therefore we have only to examine the opinions of the learned gentlemen of the church and the bar.

It appears that several psychopathists had been subpœnaed, but on the suggestion of the Honorable Judge Barnard, two of our chief physicians and superintendents of lunatic asylums were called on the stand. Dr. Moses H. Ranney was the first physician examined; his evidence was clear, logical, and entirely scientific. It may be summed up in a few words—To prove the moral insanity of a person who has committed a crime under the influence of that disease, physical and mental signs must be recognised, and no physician of an asylum can rely on legal affidavits when he admits a patient into a lunatic ward. The defence wished to show that it was necessary to have seen the effect which the meeting of the prisoner's husband with another woman might have had on her impulses of volition, without which it appeared impossible to give an opinion on her sanity. But, we must observe that the defence, in saying this, pleaded a *transitory homicidal mania*, which is incompatible with the alleged *moral insanity;* such contradictions of the defence, and many other proofs of a complete ignorance of medico-legal psychiatry, have passed unobserved by jurists in this trial.

A curious incident happened in Dr. Ranney's cross-examination; a simple question, presented in an incidental form, remained almost without answer; the defence wished to know whether the demeanor (carriage, deportment, behavior) of the accused, as presented by the District Attorney, was consistent, before and subsequently to the act, with her nervous predisposition, her mental afflictions and perversions (suicidal), and with her frenzy when she met her alleged husband with another lady. This question had in view to establish a *transitory* homicidal mania—a disease almost impossible to imagine, since there are no prodroms, no phases of increase or diminution, *and no physical signs.* It is true, in certain manias and special diseases of volition, sudden attacks are remarked, but they are always preceded, accompanied, and followed by symptoms which leave not the slightest doubt as to their nature.

Dr. David Tilden Brown, of the Bloomingdale Asylum, gave a correct and just evidence; he stated that he concurred in general terms with Dr. Ranney's definition of moral insanity, which required symptoms both mental and physical. He said that he had found no indication of insanity in the case related by the District Attorney, and yet all these acts might be performed by an insane person; he saw nothing in the statement of facts that showed sanity or insanity; but such might not be his opinion if all the facts had been stated. Everybody, and certainly the jury, appreciated fully the just and humane reserve of Dr. Brown. The facts wanted were the symptoms legally observed and described at the moment of the commission of the manslaughter.

Instead of the invidious opposition which is so often noticed in the English courts, we have seen two physicians performing their difficult duty with the respect they hold to themselves and the medical profession.

We need not mention the talents, learning, and eloquence of Mr. James the defender, and of Mr. Hall the District Attorney. The Honorable Judge also made a very eloquent speech when he charged the jury; but, unfortunately, coming to the evidence given by our medical brethren, he said, "as to the medical testimony he did not consider it material; indeed he never deemed it important, for you seldom find two doctors agree except they belong to the same school."

Accordingly the Honorable Judge gave to the jury a medical opinion of his own as follows:—"There are two kinds of insanity; a permanent, total, and visible one, discoverable by acts, looks, manners, and conversation; or an impulsive one, that renders a person wholly irresponsible for every act termed lunacy. And the other insane on particular subjects not always visible, unless occasion offer, like Pyromania, Kleptomania, or what has been termed by recent writers impulsive insanity." Then his Honor said he had had the opportunity of seeing a remarkable instance of Kleptomania in Europe, and related it to the jury. We regret that a Judge on the Bench should indulge in medical theories which are not within his province. Especially is this true of a Judge who holds the following opinion. "I can conceive of a person who might not be accountable to his Maker and yet be perfectly accountable to human tribunals" This is a false theory: First, because God is the Supreme Justice, and human tribunals have been stained by the blood of many innocents, sane and insane; Secondly, because it admits that insanity, if only partial in its appearances, does not absolve the offender, or that the state of insanity must be permanent to admit irresponsibility.

If Mary Real had been insane she would have had many defenders in our profession; but as the facts existed, and were presented before the Court, she found impartial justice and pity from the physician, and justice and mercy from the court and jury.

THE WEEK.

In the Students' Number we published the regulations for admission and promotion in the Navy. We were not aware at the time of any more recent legislation on this subject than the Act of 1835. In another part of this number will be found a copy of the Act of 1860, for which we are indebted to the courtesy of Surgeon Whelan, chief of the Bureau of Medicine and Surgery of the Navy Department. It will be seen by the table of compensation that the naval service offers great inducements to the recent graduate. We may add that the examination is at the same time rigid and fair; it embraces the classics, every branch of the physical sciences, and every department of medicine. To the student of high aims, who despises mediocrity, as every student ought, such a test of his capacity is but a healthful stimulus to exertion.

The lectures in the medical schools of New York are now all in progress of delivery. The attendance of students is, as we had anticipated, larger than last year, and the aggregate number is most flattering to the future state of medical teaching in this city.

The medical examiners of persons claiming exemption from the draft for physical disability, have been busily engaged in performing their duties in this city and Brooklyn during the past week. It is very generally remarked that few present themselves who have not real cause. The majority of diseases alleged are apparent, and require but a moment's examination to determine their nature. From present appearances not more than five per cent. of all who allege disability make false claims.

Pelvic hæmatocele is a disease to which hitherto but little attention has been directed by the profession, and consequently very little has been said upon this subject. It is for this reason that we call the attention of our readers, more especially those interested in the subject of uterine pathology, to the discussion upon this disease before the N. Y. Academy of Medicine, which we commence in this number by an abstract of Dr. Byrne's paper. We are confident that all who follow up the perusal in the succeeding numbers will be interested and instructed.

VERMONT MEDICAL SOCIETY.

This Society held its Annual Meeting at the State House, Montpelier, Wednesday and Thursday, October 15th and 16th, the President, Dr. A. S. Woodward, of Brandon, in the Chair. The Record of the last meeting having been read and approved, the Chair appointed Dr. S. Woodward, of St. Alban's, Clark, of Montpelier, and Stiles, of Windsor, a Committee on Credentials; and Dr. S. Chandler, of S. C., Albany, Russ, of Pomfret, and Houghton, of Pawlet, a Committee on Nominations.

The following gentlemen were elected members, D. R. Story, M.D., Proctorsville; N. W. Fairchild, M.D., Fulton; Geo. W. Nichols, M.D., Bethel; C.H. Tenny, M.D., Hardwick; E. G. Judkins, M.D., Waitsfield; E. P. Fairman, M.D., Walcott; J. E. Frink, M.D., Waterbury; W. W. Braley, M.D., Chelsea; T. G. Simpson, M.D., Vershure; H.F. Crane, M.D., Ferrisburgh; Danl. C. Joslin, M.D., Waitsfield; Lester Kingsley, M.D., Moretown.

The credentials of Dr. Edwin M. Snow, Delegate from the R. I. Medical Society, were presented, and Dr. Snow was invited to sit with the Society and participate in the deliberations of the same. The following resolution was adopted: *Resolved*, That this Society send a Delegate to each New England State Society, and also to the N. Y. State Society, at their Annual and Semi-Annual Meetings, and report to this Society at its next subsequent meeting.

In accordance with a suggestion by Dr. Stiles, each member was called upon by the President for a statement of the diseases prevalent in his own practice and vicinity. Dr. Snow, the delegate from R. I. was called upon, and made some interesting remarks upon the condition of the R. I. Societies, and other matters of like connexion.

A great portion of the afternoon was taken up in the discussion, by members, of various diseases which have come to their attention. The following was adopted: *Resolved*, That each Member of the Society (in practice) be requested to report a written case treated by himself, at the Annual and Semi-Annual Meetings of the Society, said Reports to be kept on file by the Secretary, with a view to their publication with the Transactions of the Society.

Thursday, Oct. 16, 1862.

The Society met, pursuant to adjournment, the President in the Chair. The Committee on Nominations reported the following named gentlemen for officers for the year ensuing, which Report was accepted and adopted.

For President.—J. N. Stiles, M.D., Windsor.

For Vice-President.—A. S. Houghton, M.D., Pawlet.

Record. Sec'y. Wm. McCollom, M.D., Woodstock.

Cor. Sec'y. C. B. Chandler, M.D., Montpelier.

Lib. & Treasurer. Chas. Clark, Montpelier.

Delegates to Castleton Medical College. J. L. Chandler, M.D., St. Alban's, and Cullen Bullard, M.D., New Haven.

Delegates to Burlington Med. College, A. C. Welch, M.D., Williston; T. G. Simpson, M.D., Vershire.

Committee on Printing. H. F. Stevens, M.D., St. Alban's; C. L. Allen, M.D., Middlebury; and Joseph Perkins, M.D., Castleton.

Executive Committee. E. N. S. Morgan, M.D., Poronal; W. H. H. Richardson, M.D., Montpelier; and J. Crowley, M.D., Mount Holley.

Delegate to the New York Medical Society. R. C. Woodward, M.D., St. Alban's.

Delegate to R. I. Medical Society. Wm. McCollom, M.D., Woodstock.

Delegate to the Conn. Med. Society. J. N. Stiles, M.D., Windsor.

Delegate to Mass. Medical Society. C. M. Rubler, M.D., Montpelier.

Delegate to Maine Medical Society. Joseph Perkins, M.D., Castleton.

Delegate to N. Hampshire Medical Society. E. A. Knight, M.D., Springfield.

The following resolution was adopted:

Resolved, That the Vermont Medical Society recommend to the Legislature of said State, to authorize the Governor of the State to send to the Regiments of Vermont as many of the Lambert's new and Improved Tourniquets, as he in his judgment may deem best.

The following resolution was adopted:

Resolved, That this Society recommend to the Governor that the Board of Surgeons to examine Candidates for Regimental and Assistant Surgeons, be appointed from those of the profession who are not interested directly in our medical schools; and that the Secretary be instructed to transmit a copy of the resolution to the Governor.

Voted that the semi-annual meeting of the Society be holden at Woodstock, at such time in the month of June next as the Secretary shall designate.

The Annual Address by the President was delivered on Wednesday evening, in the Representatives' Hall, and was listened to with an attention rarely elicited on such occasions.

We observe that the "Société Universelle d'Ophthalmologie," of which Dr. Sichel is the President, will hold its next session in Paris on the 30th of the present month; and on the 1st, 2nd, and 3rd of October; in the Salle du Grand Orient de France, 16, rue Cadet. Cards of admission to the different sittings will be delivered on September 29th, from noon till four o'clock p.m.; and on the first day of the Session, from eight till ten o'clock a.m., at the house of the Secretary, Dr. Weeker, 3, Faubourg St. Honoré.—*Dub. Med. Press.*

Correspondence.

FOREIGN CORRESPONDENCE.

LETTER XIV.

BY PROF. CHARLES A. LEE.

MINERAL SPRINGS.

VICHY, Aug. 9, 1862.

I HAVE already stated enough regarding the mineral waters of Vichy to show that they are not only more frequented by invalids than others in France, but probably also in Europe. There are other places to which the fashionable world more generally resort, as Baden; but none which attracts so many for the simple purposes of health.

The hospitals of the place, perhaps, deserve more particular notice. The Military Hospital is a very handsome structure, designed to accommodate one hundred and fifty patients, of whom about ninety at present are officers, and sixty subalterns and soldiers. The average duration of the water treatment for each patient is forty days; so that nearly six hundred individuals connected with the army are subjected to it every season. Every officer has a conveniently furnished room, and there are commodious and well fitted up dining and assembly rooms, etc. Indeed, I have never seen anything superior to the arrangement of the piscinæ, baths, and douches—the latter being worked by a compressed air machine by steam power; one spring, *Lucas*, rises near to the hospital, and this is connected with another (*des acacias*) which formerly had a separate outlet. Behind the thermal establishment, and beneath the peristyle, are three other springs, viz. the *Puits Chomel* in the centre; the *Grand Grille*, rising in a large railed basin at one end; and the *des Mesdames*, to which the water is conveyed by tubes, at the other; while adjacent to the establishment is a building containing reservoirs for cooling the water used for the baths, and the laboratory where the Vichy Salts are manufactured.

Besides this, there is a Civil Hospital under the charge of the Sisters of Charity. The thermal establishment connected with it also contains numerous bath-rooms and douches, supplied by the hospital spring already mentioned, which rises in the court in a large circular basin surrounded by a handsome railing.

The principal establishment is of white fine-grained sandstone, one story high; built with considerable architectural taste, its principal façade, with arcade, fronting the Park, the ground-floor being occupied by the numerous bathing rooms, on either side of spacious galleries and waiting rooms, conveniently fitted up, the bathing tubs being of copper lined with tin. One side is appropriated to ladies, the other to gentlemen. The first floor, as it is called, is consecrated to recreation, having a large ball-room; a music rotunda, where Strauss's band plays every day, and where concerts and other entertainments are given; and a small theatre for vaudevilles and other light dramatic productions. There are also reading, billiard, and card-rooms, etc. There are over seventy hotels and one hundred lodging-houses in Vichy, and generally they are all filled during the bathing season. Hearing I might not find accommodations, and seeing a large sign over a spacious Caravansary, "GRAND HOTEL OF THE UNIVERSE," I at once concluded there would be sufficient room there for me, and I was not disappointed; for, in the "*quatrième étage*" I found a snug, well furnished cabinet, which I at once appropriated; and this was the last vacant space in the whole "Universe."

There are spacious dining-rooms in all these hotels, and a *table-d'hôte*, at which from sixty to a hundred or more dine; they also are furnished with large saloons where the boarders or lodgers meet and pass the evening with occasional music, dancing, etc. This is a great improvement on the German baths and watering-places, which only have their public *Cursaals*. There are frequent *reunions* at the different hotels, and public balls weekly, while the band plays every day in the park, and in the music saloon in the evening. The great objection to the place, however, to me, is its excessive heat in July and August, to say nothing of the dust when the wind blows.

At present, there are eleven distinct springs or fountains, all highly alkaline, and all of an elevated temperature, except three, viz. Celestins, Lardy, and Mesdames. The *bicarbonate of soda* is the principal ingredient, and nearly all are used both for drinking and bathing. It has been ascertained that if the earth for some distance around the springs is penetrated to the depth of ten *kilometres*, analogous mineral water is discovered; so that the soil beneath the argillaceous layer that lies above may be regarded as a sponge which receives the mineral waters in their ascent, and transmits them to the surface either by means of natural artesian wells, or through boring tubes. It is computed that the amount of salt daily supplied by the springs, most of which is lost in the allier, amounts to more than 5,100 kilogrammes. The temperature of these springs, as well as the amount of salts contained in them, varies somewhat at different times. For instance, the Grand Grille, which is by far the most important of all, had a temperature in 1743 of 48 (centigrade); in 1820, of 38; in 1844, 32; in 1848, 42. The temperature of the other springs at present is as follows: Puits carré, 45; Puits Chomel, 42; Hôpital, 31; Lucas, 30; Celestins, 22; Lardy and Mesdames, 22. The water of the warm springs is perfectly limpid, without smell, and of a strongly alkaline and slightly acidulous taste, though immense quantities of carbonic acid gas are given off, especially by the Grand Grille—and yet it does not sparkle at all in the glass. The strongest springs, as Lucas, Puits Carré, and Celestins, contain about 45 grains of soda to the pint of water. The Puits Carré, used exclusively for baths, contains in a LITRE, or two pints 17 cubic inches of *carb. acid;* 90 grs. *bi-carb. soda;* 10 grs. *muriate of soda*, and 8 grs. *sulphate of soda;* with small quantities of lime, magnesia, silex, iron, and a vegeto-animal substance *glaieine*, which is seen to cover the edges of the basin of the hospital and some of the other springs. Some, as the Lucas, are slightly impregnated with sulphur, and some, as the Hauterive and Des Dames, contain a considerable amount of the bicarbonate of protoxide of iron—all contain a trace of organic matter.

As to the remedial properties of the Vichy, all agree that they are highly alterative and diuretic. Although the bicarbonate of soda is undoubtedly the principal active ingredient, yet the same effects are not produced by the same quantity of the salt dissolved in water, which shows that the water is not a simple alkaline solution, but a peculiar compound, which cannot be exactly imitated. This may either be owing to its containing substances not revealed by analysis, or to the peculiar mode of combination.

The urine is said to be rendered alkaline after drinking three or four glasses, or even after taking a protracted bath. Patients generally are directed to bathe in, as well as drink the water; though for the former purpose it is generally diluted with common water to prevent its being too stimulating.

The waters are believed, by those who have resided on the spot and watched their effects for years, to be adapted to a variety of pathological conditions—a much greater, indeed, than would be inferred from their chemical analysis. The most experienced physician here says, you cannot tell, *à priori*, what their precise effects will be, each case must be studied by itself, and we have to feel our way through the whole course. This is probably pretty near the truth, and will apply to other mineral waters besides those of Vichy. The principal water drunk is that of the Grand Grille, which has a high temperature, and it seems to me that a good deal of the effects may be attributed to this circumstance. Most of those who drink it tell me that it does not operate at all on the bowels, but excites the appetite and improves the digestion, while it always acts more or less on the kidneys. These effects were verified in my own case. I am satisfied, however, that too much of the water is often drunk, for those who indulge very freely in its use often complain of a sense of giddiness and fulness about the head, sleepiness, stupidity, unpleasant sensations about the liver or kidneys, with a sense of weakness and general loss of tone. Patients too often go on the principle that if a little does good, a great deal will do still more, and so, by excess, defeat the very object in view. There can be no doubt, I think, that a general cachectic condition, attended with great debility, may and often does exist from the excessive and too protracted use of these alkaline waters. Many come here and drink them freely without consulting any physician, to save expense, and the consequence is they lose what health they had when they came, and then abuse the waters for their own imprudence. The fact is, that mineral waters are generally used with too little care and discrimination, for they are powerful agents for good or ill. Trousseau has specially alluded to the abuse of these waters in the treatment of gout, for which they are generally recommended, even in debilitated states, and where there is a tendency to a cachectic condition, or even dropsical effusion. In all such cases they must do more or less mischief. In opposite states, attended with acidity of the secretions, and too great plasticity of the blood, they may, if used moderately, prove beneficial. Where stimulants are freely used and too much animal food taken, small doses of Vichy water counteract to a considerable extent the injurious effects they might otherwise produce. They are, however, far from being as prejudicial or dangerous as a simple alkaline solution of the same strength. These waters are generally recommended by French physicians in gout, and a variety of deranged states of the digestive organs, abdominal engorgements or obstructions, chronic enlargements of the liver and spleen, the sequelæ of intermittents and remittents, slow fevers from chronic affections of the mucous membrane, acidity of the stomach, calculus and other diseases of the urinary organs, uterine derangement, and in some cases of chronic rheumatism and cutaneous affections. But the proper application of these waters, I am satisfied, is a great science, and requires vast experience. Each spring is a study in itself. Each case is experimental. In a gentleman, for instance, in Paris, in whose case I was consulted, and who was troubled with pains in the lumbar region and irritation of the urinary organs, the least quantity of Vichy water increased the pain and irritation, and nothing was found to afford so much relief as flax-seed tea and slippery elm. I may refer to this subject again when I come to speak of the Carlsbad and other German mineral waters of the alkaline kind.

But I have not space to enter on this subject at length, which would require no small-sized volume to do it justice.

It is a significant fact that those best acquainted by experience with the effects of the Vichy waters, prescribe them in fewer cases, in smaller quantities, and with greater caution than any other practitioners. But is not this the case with all physicians, and in regard to all powerful remedies?

Army Medical Intelligence.

LIST OF THE NAMES OF SURGEONS AND ASSISTANT SURGEONS APPOINTED TO THE VOLUNTEER REGIMENTS OF THE STATE OF NEW YORK, SINCE MAY 31, 1862, AND THE CHANGES WHICH HAVE OCCURRED IN THE REGIMENTS IN THE FIELD FROM THE SAME DATE.

(*Continued from page 228.*)

Sept. 1st.—Edwin Amsden, Assist. Surgeon 2d Regt., 30th Dist., (new Regt.); Edgar C. Bass, Assist. Surgeon 2d Regt., 19th Dist. (new Regt.); Carey W. Howe, Assist. Surgeon 116th Regt., 31st Dist., (new Regt.); Charles F. Warner, Assist. Surgeon 2d Regt., 30th Dist. (new Regt.); John C. Patterson, Assist. Surgeon 130th Regt., 30th Dist. (new Regt.) Sept. 2d.—Henry Duane, Assist. Surgeon 59th Regt.; William B Eagan, Jr., Surgeon 3d Regt. Metropolitan Guard (new Regt.); Joseph L. Hasbrook, Assist. Surgeon 4th Regt. Empire Brigade (new Regt.) Sept. 3d.—John Knowlson, Surgeon 2d Regt., 12th Dist. (new Regt.); Charles Bruen-inghausen, Surgeon 119th Regt. (new); John M. Farrington, Surgeon 2d Regt., 24th Dist. (new Regt.); Jeffrey R. Thomas, Assist. Surgeon 112th Regt., 32d Dist. (new Regt.) Sept. 4th.—George B. Parker, Assist. Surgeon 42d Regt.; John A. Robinson, Assist. Surgeon 88th Regt.; Marvin C. Rowland, Assist. Surgeon 61st Regt.; Robert V. K. Montfort, Assist. Surgeon 124th Regt., 9th Dist. (new Regt.); Asahel Burt, Jr., Assist. Surgeon 139th Regt., Col. Conk's (new Regt.); Elbert M. Somers, Assist. Surgeon 2d Regt., 19th Dist. (new Regt.); Arnold Stubb, Assist. Surgeon 90th Regt. Sept. 5th.—Augustus C. Walker, Assist. Surgeon 2d Regt. Metropolitan Guard (new Regt.); Rykeman D. Bogert, Assist. Surgeon 135th Regt, 8th Dist., (new Regt.); Edward G. Marshall, Assist. Surgeon 124th Regt., 9th Dist. (new Regt.); Albert Utter, Assist. Surgeon 86th Regt. Sept. 6th.—William B. Schermerhorn, Assist. Surgeon 87th Regt.; Wesley T. Rice, Assist. Surgeon 142d Regt., 17th Dist. (new Regt.); Orestes C. Gibbs, Assist. Surgeon 21st Regt., vice Joseph A. Peters, promoted; John Dwyer, Surgeon 69th Regt., Corcoran's Brigade (new Regt.); George G. Benson, Surgeon 2d Regt., Columbia Co. (new Regt.); John Monypenny, Surgeon 123d Regt., Washington Co. (new Regt.) Sept. 8th.—Silas S. Cartwright, Assist. Surgeon 134th Regt., 14th Dist. (new Regt.); Calvin H. Carpenter, Assist. Surgeon 148th Regt., 2d Regt. 26th Dist. (new Regt.); Louis Applegate, Assist. Surgeon 102d Regt. Sept. 9th.—Morgan Lewis, Assist. Surgeon 82d Regt.; David Larrabee, Assist. Surgeon 86th Regt.; Lewis Darling, Surgeon 3d Regt., 27th Dist. (new Regt.); James F. Ferguson, Surgeon 2d Batt., 5th Regt. (new); Edward Storck, Surgeon Buffalo German Regt. (new); Willard R. Fitch, Assist. Surgeon 82d Regt., vice James F. Ferguson, discharged. Sept. 10th.—Edward C. Mundy, Surgeon Col. Minthorne Tompkins' Regt. (new); Henry G. Bates, Assist Surgeon 131st Regt., 1st Metropolitan Guard (new Regt.); Stephen G. Cook, Assist. Surgeon 150th Regt., Dutchess Co. (new Regt.) Sept. 11th.—James R. Leal, Surgeon 144th Regt., Delaware Co. (new Regt.); Cornelius B. O'Leary, Assist. Surgeon 145th Regt., Col. Allen's (new Regt.); Samuel H. Olmstead, Assist. Surgeon 4th Dist. Regt. (new); Stephen S. Lounsbery, Assist. Surgeon 4th Dist. Regt. (new); Richard S. Connolly, Assist. Surgeon 123d Regt., Washington Co. (new Regt.); John W. Gray, Assist. Surgeon 98th Regt.; Miles Goodyear, Assist. Surgeon 82d Regt.; Andrew Melville, Assist. Surgeon 79th Regt. Sept. 12th.—C. Judson Hill, Assist. Surgeon 91st Regt.; Frank C. Seelye, Assist. Surgeon 148th Regt., 2d Regt. 26th Dist. (new Regt.); George C. Hubbard, Assist. Surgeon 2d Batt. 5th Regt. (new); Cyrus Powers, Surgeon 3d Regt., 25th Dist. (new Regt.) Sept. 13th.—A. Walter Tryon, Assist. Surgeon 100th Regt.; Henry C. May, Assist. Surgeon 145th Regt. (new); Robert Rae, Assist. Surgeon 135th Regt. (new); Wm. Wood Squire, Assist. Surgeon 131st Regt. (new); Wm. Francis Cutland, Assist. Surgeon 132d Regt. (new). Sept. 16th.—John Quincy Adams, Surgeon 2d Regt., 8th Dist. (new Regt.) Sept. 17th.—Andrew J. Willets, Surgeon "Ironsides Regt." (new); John T. Brown, Assist. Surgeon 105th Regt.; John N. Miller, Assist. Surgeon 120th Regt., 10th Dist. (new Regt.) Sept. 18th.—D. Wellington Onderdonk, Assist. Surgeon 151st Regt., 29th Dist. (new Regt.); Jacob V. K. Schoeckel, Assist. Surgeon 103d Regt.; Thomas H. Stillwell Assist. Surgeon 23d Regt., vice William A. Madill promoted; Joseph T. Skinner, Assist. Surgeon 169th Regt., 2d Regt. 12th Dist. (new Regt.); Moses T. Babcock, Assist. Surgeon 141st Regt, 2d Regt. 27th Dist. (new Regt.) Sept. 19th.—Louis Kleine, Assist. Surgeon 3d Batt. of Artillery, vice Conrad Joachim deceased; Horace Nims, Assist. Surgeon 149th Regt., 2d Regt. 22d Dist., (new Regt.)

WAR DEPARTMENT, ADJUTANT-GENERAL'S OFFICE,
WASHINGTON, October 11, 1862.

SPECIAL ORDERS, No. 269.

2. The following assignments are made of Medical Officers:—

Surgeon A. K. Smith, U.S.A., to relieve Surgeon George E. Cooper, U.S.A., as Medical Purveyor in Philadelphia, the latter, on being relieved, to proceed to the Head Quarters of General Buell's Army, and relieve Surgeon Robert Murray, U.S.A., as Medical Director of that Army.

Surgeon Robert Murray, on being relieved, will repair to Philadelphia and report to Surgeon W. S. King, as Medical Director of Transportation.

Assist. Surgeon B. A. Clements, U.S.A., will report to the Medical Board in Philadelphia for examination for promotion.

Surgeon Ira Russell, U. S. Vols., will report in person to the Assist. Surgeon-General in St. Louis, for orders.

* * * *

16. Surgeon Wm. P. Russell, 15th Vermont Vols., is hereby discharged the service of the United States.

* * * *

18. The following assignments are made of Medical Officers:—

Surgeon Paul B. Goddard, U. S. Vols., to report in person to Surgeon W. S. King, U.S.A., Medical Director at Philadelphia, Pa.

Surgeon D. H. Agnew, U. S. Vols., to report in person to Surgeon W. S. King, U.S.A., Medical Director at Philadelphia, Pa.

Surgeon A. B. Crosby, U. S. Vols., to report in person at General McClellan's Head Quarters.

Surgeon J. Hopkinson, U. S. Vols., to report in person to Surgeon W. S. King, U.S.A., Medical Director at Philadelphia, Pa., to take charge of Chestnut Hill Hospital.

Surgeon Clayton A. Cowgill, U. S. Vols., to repair to Newbern, N. C., and relieve Surgeon G. Derby, 23d Mass.

Vols., in charge of the Academy General Hospital in that city. Surgeon Derby, when relieved, will join his regiment.

Surgeon B. B. Breed, U. S. Vols., to repair to Newbern, N. C., and relieve Surgeon G. A. Otis, 27th Mass. Vols., in his duties at that place. Surgeon Otis, when relieved, will join his regiment.

Surgeon S. D. Freeman, U. S. Vols., to report in person to Surgeon Simpson, U.S.A., Medical Director at Baltimore, Md., to relieve Surgeon R. W. Pease, 10th New York Cavalry, in charge of General Hospital, Patterson Park.

Surgeon Israel Moses, U. S. Vols., to report to the Medical Director at Washington, D.C., for duty in Harewood Hospital.

Assist. Surgeon S. S. Mulford, U. S. Vols., to proceed to Point Lookout, Md., and report to Assist. Surgeon Clinton Wagner, U.S.A., in charge.

Assist. Surgeon F. A. Keffer, U. S. Vols., to report in person to Surgeon W. S. King, U.S.A., Medical Director, for duty in West Philadelphia Hospital.

Assist. Surgeon A. Majer, U. S. Vols., to report in person to Maj. Gen. Mitchell, at Hilton Head, S. C.

Assist. Surgeon G. A. Wheeler, U. S. Vols., to report in person to Surgeon T. A. McParlin, U.S.A., at General Hospital, Annapolis, Md.

Assist. Surgeon W. Moss, U. S. Vols., to report to Surgeon Letterman, Medical Director Army of the Potomac, for special duty.

Assist. Surgeon J. H. Brewer, U. S. Vols., to report in person to Surgeon T. A. McParlin, U.S.A., at General Hospital, Annapolis, Md.

Assist. Surgeon G. L. Sutton, U. S. Vols., to report to the Medical Director at Washington, D.C., for duty in the Douglas Hospital.

Assist. Surgeon P. Cleary, U. S. Vols., to report to the Medical Director at Washington, D.C., for duty in the Carver Hospital.

Assist. Surgeon A. H. Sheldon, U. S. Vols., to report to the Medical Director at Washington, D. C., for duty in his office.

Assist. Surgeon G. E. Pattee, U. S. Vols., to report to the Medical Director at Washington, D.C., for duty.

Assist. Surgeon W. A. Conover, U. S. Vols., to report to the Medical Director at Washington, D.C., for duty in the Armory Hospital.

Assist. Surgeon C. S. Frink, U. S. Vols., to report to the Medical Director at Washington, D.C., for duty in the Carver Hospital.

Surgeons Henry J. Churchman, Barton Darrach, H. A. Martin, and J. R. McClurg, and Assist. Surgeons A. C. Van Duzen, S. B. Davis, and E. Dodd, U. S. Vols., to proceed to St. Louis, Mo., and report to Assist. Surgeon-General R. C. Wood, for duty.

By order of the Secretary of War.
E. D. Townsend,
Assist. Adjutant-General.

Assist. Surgeon A. F. Mechem, U.S.A., has been assigned to duty at Benicia Barracks, California.

Surgeon W. J. Sloan, U.S.A., lately Medical Director in New York, has arrived at St. Paul, Min., and entered upon the duties of Medical Director of the Department commanded by Major Gen. Pope.

Surgeon Basil Norris, U.S.A., is en route from Fort Craig, N. M., to Washington, D.C., under orders to report to the Surgeon-General.

Assist. Surgeon R. K. Tuthill, 20th New York Vols., has been granted thirty days' leave of absence on Surgeon's certificate of disability.

During the absence of Assist. Surgeon C. T. Alexander, at Philadelphia, Pa., to which city he has been ordered for examination for promotion, Assist. Surgeon Schenck has been detailed to act as member of the Army Medical Board at St. Louis.

Assist. Surgeon T. W. Williams, U.S.A., has been placed on duty in charge of the Trinity Church Hospital, Washington, D.C.

Assist. Surgeon B. Howard, U.S.A., is on duty as Medical Purveyor at Sharpsburg, Md.

Medical Storekeeper R. T. Creamer, U.S.A., has arrived at St. Louis, and entered upon his duties in the Purveying Department.

Leave of absence for twenty days has been granted to Dr. A. H. Haven, Act. Assist. Surgeon, U.S.A.

Surgeon M. Goldsmith, U. S. Vols., has been assigned to duty as Assist. Medical Director at Louisville, Ky.

Surgeon George Hammond, U.S.A., recently returned from a six years' tour of duty in the Pacific Department.

Dr. Nathan Webb, Act. Assist. Surgeon U.S.A., has been directed by the Surgeon-General to report for duty to Surgeon J. J. Milhau, at Frederick, Md.

Surgeon T. F. Galloupe, 13th Mass. Vols., has been placed on temporary duty in the city of Washington, while awaiting examination for appointment in the corps of Volunteer Surgeons.

Assist. Surgeon Wm. C. Foster, 13th Indiana Vols., has been dismissed from the service of the United States.

Surgeon John E. Summers, U.S.A., is on leave of absence at Altoona, Pa.

Assist. Surgeon C. K. Winne, U.S.A., has arrived at Evansville, Indiana, and assumed charge of the hospitals there.

Surgeon Thomas Antisell, U. S. Vols., has been placed in charge of the Harewood Hospital at Washington.

Surgeon W. W. Nassan, U. S. Vols., has been assigned to the hospital of the Sisters of Charity, St. Louis.

Surgeon Daniel Meeker, U.S.A., reports on duty with General Milroy's brigade, Point Pleasant, Va.

Surgeon Bernard Von Baist, U. S. Vols., has been assigned to the charge of the General Hospital at Locust Spring, near Keedysville, Md.

Surgeon George Suckley, U. S. Vols., has been placed on duty in the office of the Medical Director of the Army of the Potomac.

Surgeon Lewis A. Edwards, U.S.A., has returned to Portsmouth Grove, R. I., having been summoned to Washington some time since on business connected with the General Hospital under his charge.

Assist. Surgeon J. B. Hood, 75th Ohio Vols., now on duty at Columbus, Ky., has been directed to join his regiment.

Surgeon Stewart and Assist. Surgeon Boutillier of the 1st Minnesota Vols. are directed to be mustered out of service.

The resignation of Assist. Surgeon J. F. Kennedy, U.S.A., has been accepted to take effect October 10, 1862.

Leave of absence for thirty days from Nov. 1st. has been granted to Assist. Surgeon McKinney, 57th New York Vols.

Assist. Surgeon C. C. Gray, U.S.A., has been detailed to establish and take charge of General Hospital, Wilmington, Del.

Assist. Surgeon W. T. Okie, U.S.A., has been assigned to General Hospital, Chester, Pa.

Surgeon C. C. Gordon, 1st N. J. Vols., has been assigned to duty as Medical Director at Trenton, N. J.

A Medical Board for the examination of such Medical Officers as may be reported to be professionally incompetent, has, at the request of the Medical Director Letterman, been convened at the Headquarters of the Army of the Potomac. Surgeons G. Suckley and P. Pineo, U.S. Vols., and Asst.-Surgeon Wilson, U.S.A., compose the board.

Owing to the approach of cold weather, the Medical Director at New York has been authorized to transfer eight hundred sick from David's Island to Fort Schuyler. It is also contemplated to remove all the sick of the Army from Bellevue Hospital.

The Act of Congress approved May 20, 1862, creating the Corps of Medical Storekeepers, provides that they shall have the pay and emoluments of Military Storekeepers of the Quartermaster's Department, and they are therefore entitled to the fuel and quarters of First Lieutenant of the Army in kind, and in kind only.

The Surgeon-General has instructed the Medical Directors at New York, Philadelphia, and Baltimore, to collect in one hospital in each city all mutilated soldiers needing artificial limbs, so that they may be measured and fitted with such as speedily as possible.

The building on the corner of Ninth and Tattnall Streets, Wilmington, Delaware, has been selected for a hospital. The Quartermaster-General has been requested to rent it, and to erect suitable sheds for kitchen, laundry, etc.

It is in contemplation to erect a new General Hospital at Evansville, Indiana, the plans for which have been submitted to the Quartermaster-General.

◆

REGULATIONS FOR ADMISSION AND PROMOTION IN THE MEDICAL DEPARTMENT OF THE NAVY.

It is prescribed by law that no person shall be appointed in this branch of the service who has not been examined and found qualified by a board of Naval Surgeons, designated by the Secretary of the Navy.

A board of Naval Surgeons will be assembled annually, at such place as may be indicated by the Department, usually about the close of the lecture season of the colleges, for the examination and selection of candidates for admission into the Medical Corps of the Navy, as well as for the examination of Assistant Surgeons who may be candidates for promotion.

Application for permission to attend the examination for admission to the Medical Corps of the Navy must be addressed to the Secretary of the Navy, stating the age and residence of the applicant, and be accompanied by respectable testimonials of his possessing the moral and physical qualifications requisite for filling creditably the responsible position of a Medical Officer of the Navy.

The application of no one will be considered who is under twenty-one or over twenty-six years of age.

The permission will state the time and place of the meeting of the board.

The board rigidly scrutinizes the physical qualifications of each candidate, as well as his moral, mental, and professional fitness for the Naval Service; and reports favorably upon no case admitting of a reasonable doubt, as the health and the lives of the officers of the Navy are objects too important to be intrusted to ignorant or incompetent persons.

The board reports the relative merit of the candidates as shown by the examination; and appointments will be made in the Navy as vacancies may occur, in the order in which they may be reported by the board.

No qualified candidate will be held over for appointment beyond one year; if not appointed within that time, it will be necessary for a candidate to be re-examined, when he will take position with the class last examined.

Physical examination will precede the professional; no candidate not physically qualified for the active duties of the service will be examined professionally. The board will make a separate report in each case of the physical condition *direct* to the Department, to be placed on file with the testimonials of the candidate.

No allowance is made for the expenses of persons undergoing these examinations, as they are indispensable prerequisites to appointment.

After five years' service in the Navy, at least two years of which shall have been passed "on board a public vessel of the United States at sea," Assistant Surgeons shall be entitled to an examination for promotion.

In order that the relative position of Assistant-Surgeons of the same date, who shall be examined for promotion at different times, may be more readily determined, a majority of the members of the board will be selected, if practicable, from those who served on the next preceding board.

Assistant Surgeons, who are candidates for promotion, shall present to the board testimonials of correct deportment and habits of industry from the Surgeons with whom they have been associated on duty; also, a Journal of Practice, or Case Book, in their own hand-writing. They are expected to be familiar with all the details of duty specified in the "Instructions for the government of Medical Officers."

Any Assistant Surgeon who shall fail to present himself for examination after he has been ordered (unless for reasons which may be satisfactory to the Department), or who, after examination, shall be reported by the board as "not qualified" for promotion, shall be dropped from the list of Officers of the Navy.

GIDEON WELLES, *Secretary of the Navy.*

COMPENSATION.—The pay of Assistant Surgeons and Surgeons is established by act of Congress, approved on the 1st of June, 1860, and is as follows:

FLEET SURGEONS	$3,300 00
SURGEONS—	
On duty at sea—	
For first five years after date of commission as surgeon	2,200 00
For second five years after date of commission as surgeon	2,400 00
For third five years after date of commission as surgeon	2,600 00
For fourth five years after date of commission as surgeon	2,800 00
For twenty years and upwards after date of commission	3,000 00
On other duty—	
For first five years after date of commission as surgeon	2,000 00
For second five years after date of commission as surgeon	2,200 00
For third five years after date of commission as surgeon	2,400 00
For fourth five years after date of commission as surgeon	2,600 00
For twenty years and upwards after date of commission	2,800 00
On leave or waiting orders—	
For first five years after date of commission as surgeon	1,600 00
For second five years after date of commission as surgeon	1,800 00
For third five years after date of commission as surgeon	1,900 00
For fourth five years after date of commission as surgeon	2,100 00
For twenty years and upwards after date of commission	2,300 00
PASSED ASSISTANT SURGEONS—	
On duty at sea	1,500 00
On other duty	1,400 00
On leave or waiting orders	1,100 00
ASSISTANT SURGEONS—	
On duty at sea	1,250 00
On other duty	1,050 00
On leave or waiting orders	800 00

FORM OF APPLICATION.

, 186

To the Secretary of the Navy:

I respectfully make application for examination as to my qualifications for appointment as Assistant Surgeon in the United States Navy. I was years of age, on the day of , 186 , and reside in , county of and State of . I forward herewith testimonials of moral and physical qualifications.

Very respectfully,

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POTHOUSE POISON.—A young man named Flasschoen very narrowly escaped being poisoned last week at Brussels from drinking the first glass of beer drawn from the counter machine at a public-house. It is usual to throw away the beer which has remained in the metal pipes all night, but this precaution had been neglected in the present instance. The liquor was so strongly impregnated with the metallic poison that the young man's recovery was considered hopeless for several hours.—*Dub. Med. Press.*

WHEN a patient is in a sinking state from disease, and when a medical man has thought an alcoholic stimulant absolutely necessary to snatch the patient from death, in this case the great danger is, that such a stimulant will extinguish the small spark of life remaining, and that the patient will be destroyed. It was truly said of the Brunonian system, "that Dr. Brown had made no provision in his system for the recovery of exhaustion arising from the effects of taking alcoholic stimulants." Lord Bacon observes: "If the spirit is assailed by another heat stronger than its own, it is dissipated and destroyed."—*Mr. Higginbottom, in Brit. Med. Jour.*

MARRIED.

Warner—Greenman.—Sept. 23d, at the Congregational Church, McGrawville, N. Y., by the Rev. E. B. Fanchor, J. Dever Warner, M.D., of Nineveh, Broome Co., to Miss Lucetta M. Greenman, of the former place.

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METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 13th day of October to the 20th day of October, 1862.

Deaths.—Men, 82; women, 66; boys, 105; girls, 100; total, 353. Adults 148; children, 205; males, 187; females, 166; colored, 8. Infants under two years of age, 139. Children born of native parents, 11; foreign, 164.

Among the causes of death we notice:—Apoplexy, 4; infantile convulsions, 21; croup, 20; diphtheria, 7; scarlet fever, 7; typhus and typhoid fevers, 6; consumption, 58; small-pox, 2; measles, 0; dropsy of head, 11; infantile marasmus, 29; cholera infantum, 21; inflammation of brain, 6; of bowels, 7; of lungs, 20; bronchitis, 4; congestion of brain, 7; of lungs, 5; erysipelas, 1; diarrhœa and dysentery, 15. 179 deaths occurred from acute diseases, and 34 from violent causes. 248 were native, and 115 foreign; of whom 68 came from Ireland; 40 died in the City Charities; of whom 9 were in Bellevue Hospital, and 1 died in the Immigrant Institution.

Abstract of the Atmospherical Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Oct. 1862	Barometer. Mean height.	Barometer. Daily range.	Temperature. Mean	Temperature. Min.	Temperature. Max.	Difference of dry and wet bulb. Thrm. Mean	Difference of dry and wet bulb. Thrm. Max.	Wind.	Mean amount of cloud.	Humidity Sat'tion, 1000.
	In.	In.	°	°	°	°	°			
12th.	30.00	.10	54	47	60	4	5	N. to S.	10	743
13th.	29.87	.21	50	45	58	5	7	N.E.	10	693
14th.	29.91	.10	54	47	61	7	11	N.W.	7	566
15th.	30.00	.10	55	48	61	9	15	N.	5	525
16th.	30.00	.10	50	46	56	5	4	N.E to S.E	9	693
17th.	30.00	.11	60	50	67	7	11	W.	2	600
18th.	30.17	.14	56	50	65	7	11	N. to S.	.04	590

Remarks.—13th, N.E. storm A.M. 14th, Variable. 15th, Clear most of the day—fresh wind A.M., cloudy P.M., with a few drops of rain. 16th, Light rain at noon; clear, late at night. 17th, Variable A.M., clear P.M. 18th, Fine day. Half an inch of rain fell during the week.

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SPECIAL NOTICES.

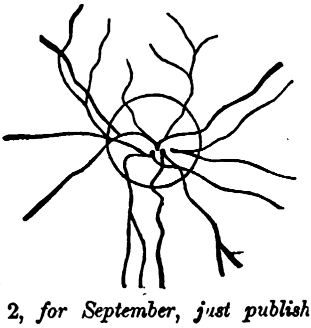
Ward's Island Hospital.—Dr. Carnochan *will perform the operation of Amputation of the Thigh, to-day (Saturday, Oct. 25th), at 2 o'clock P.M.*

Prof. Frank H. Hamilton, M.D., late Med. Director of the Fourth Corps d'Armée, in charge Central Park Gen. Hospital, *will commence his Course of Lectures on Military Surgery, etc., at the Bellevue Hospital Medical College, on Saturday, Nov. 1, at 1 o'clock P.M. The Lectures will be continued on each succeeding Saturday at the same hour.*

Austin Flint, Jr., Secretary.

American Journal of Ophthalmology

JULIUS HOMBERGER, M.D., Editor.



No. 2, for September, just published.

Subscription Price for one year (six numbers), $2.00; sample numbers free.

BAILLIERE BROTHERS,
440 Broadway, New York.

Diagrams of the Nerves of the Human Body,

exhibiting their Origin, Divisions, and Connexions, with their Distribution to the Various Regions of the Cutaneous Surface and to all the Muscles, by W. H. Flower, M.D. Folio. London, 1861. $5.60.

Bailliere Brothers, 440 Broadway, N. Y.

New England Mutual Life Ins. Co.,

BOSTON AND NEW YORK, ORGANIZED 1843. **ASSETS, $2,350,000.** Documents showing the benefits of Life Insurance with the advantages of the Mutual plan, and the superior position and marked success of this Co., and explaining the different kinds of Policies with their methods of payment, may be obtained free of expense, upon application, either personally or by mail, to JOHN HOPPER, Agent and Attorney for the Co., Metropolitan Bank Building, 110 Broadway, New York. ☞ *Parties at a distance may insure from Blanks, which will be forwarded free of expense.*

New York Eye Infirmary,

2D AVENUE AND 13TH STREET.

LECTURES for the coming winter will begin on WEDNESDAY, OCTOBER 22d. The Course will be made a complete resumé of

OPHTHALMIC MEDICINE AND SURGERY.

Lectures will be held on

MONDAY, WEDNESDAY, AND FRIDAY,

BY DRS. C. R. AGNEW, AND HENRY D. NOYES.

The means of illustration by colored plates, optical apparatus, and morbid specimens, are ample.

The surgeons have concluded to issue a diploma to those who attend the Lectures and can pass a satisfactory examination.

Fee for Lectures, ...	$10.00
Diploma Fee, ...	5.00

DEMONSTRATIONS OF THE

INTERNAL DISEASES OF THE EYE,

WITH THE OPHTHALMOSCOPE,

will be made during the Lectures, while a more complete acquaintance with those diseases can be had in a private class with Dr. Noyes.

THE CLINIQUES OF THE INFIRMARY,

ON MONDAY, WEDNESDAY, AND FRIDAY,

are free to all medical men and students. More than 5,000 patients are treated annually.

Dr. Churchill's Hypophosphites.

PREVENTION AND CURE OF CONSUMPTION

A supply of these important medicines,

SYRUP OF HYPOPHOSPHITE OF SODA,
SYPUP OF HYPOPHOSPHITE OF LIME,
PILLS OF HYPOPHOSPHITE OF QUININE,
PILLS OF HYPOPHOSPHITE OF MANGANESE,

has arrived from Paris with directions for use. Persons suffering from chest affections can now procure the above preparations genuine, as used by Dr. Churchill from the following agents in America.

Messrs. Hegeman & Co., Broadway, New York, Mr. F. Brown, corner of Fifth and Chestnut Streets, Philadelphia; Messrs. T. Metcalfe & Co., Boston; Messrs. J. T. Brown & Sons, 425 Washington Street, Boston.

Wholesale orders to be addressed to H. H. SWANN, Pharmacien, 12 rue Castiglione, Paris.

To the Medical Profession.—Dr. I.

Parigot has changed his residence and is prepared to receive a very limited number of patients in his country house at Hastings, on the Hudson; he can be consulted in town at Dr. Douglas' Office, No. 12 Clinton Place, on Tuesdays and Saturdays, for Nervous Diseases and Medico-Legal questions.

Records of Daily Practice: a Scientific Visiting List for Physicians and Surgeons.

CONTENTS:

Present State of Patients..........................	72 double pages.
Microscopical Examinations..........................	4 pages.
Obstetrical Engagements..........................	4 "
Vaccination "	4 "
Consultation and other Professional Engagements..	4 "
List of Nurses and Address..........................	2 "
Meteorological Observations and Endemic Influences	4 "
Miscellaneous Memoranda..........................	6 "
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Session of 1862–3.

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BUFFALO, *Sept.* 1862.

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Original Lectures.

LECTURES
ON THE
DIAGNOSIS OF DISEASES OF THE HEART.

DELIVERED AT THE
BELLEVUE HOSPITAL MEDICAL COLLEGE DURING THE PRELIMINARY TERM.
Session 1862–63.

By AUSTIN FLINT, M.D.

PROFESSOR OF THE PRINCIPLES AND PRACTICE OF MEDICINE.

LECTURE IV.

Means of Discriminating the First and Second Sound of the Heart, in order to Determine the Relations of the Murmurs to the Heart-Sounds.—Recapitulation of these Relations.—The Extent of Information respecting Valvular Lesions, obtained by means of the Murmurs.—The Diagnosis of Mitral Lesions, Obstructive, Regurgitant, and Innocuous.—The Mitral Direct Murmur; the Situation of its Maximum of Intensity, and the Direction in which it is Propagated.—The Mitral Regurgitant Murmur; Situation of its Maximum, etc.—The Occurrence of this Murmur without Actual Regurgitation, and hence the Propriety of calling it a Mitral Systolic Murmur, either Regurgitant or Non-Regurgitant.—Means of Determining whether it denote Regurgitation or not.—Effects of Mitral Obstruction and Regurgitant Lesions on the Heart.—Symptoms Due to these Effects.—Pulse.—Cough and Expectoration.—Dyspnœa.—Pain.—Palpitation.—Irregular Pulse.—Lividity.—Dropsy.—Modes of Dying.

Gentlemen:—In my last lecture I described the four blood-currents pertaining to health and disease, and the corresponding murmurs, limiting our attention to the left side of the heart, valvular lesions being situated in this side in the great majority of cases. I commenced to consider the points involved in the localization of these murmurs, with a view to the diagnosis of valvular lesions. I was able, in that lecture, to present only the first of the several points which the localization of the murmurs, or the diagnosis of these lesions, involves, viz. determining their connexion, respectively, with the first or second sound of the heart. In all cases, after having ascertained the existence of a murmur, or murmurs, the first thing to be done is to determine when the murmur, or murmurs, occur as regards the heart sounds. In order to do this, of course it is requisite to discriminate the first and second sound. Usually the rhythm of the sounds suffices for this discrimination: the two sounds succeed each other with a scarcely appreciable interval, and then follows a distinct interval. The rhythm, I repeat, usually suffices, and, in addition, we have, frequently the distinctive characters of each sound to aid in the discrimination. But in some cases it is not easy to decide which is the first and which the second sound. This occurs when the heart acts with great rapidity, and the characters which distinguish the sounds from each other are, in a great measure, lost. I have a case of this kind now in one of my wards. In that case, as you will see when I call your attention to it at the bedside, the sounds recur so quickly that the normal rhythm is not readily appreciable, and the first sound differs but little from the second. Now, in such cases, there are two modes which we may employ in determining which is the first and which the second sound. One mode is to place the finger over the apex, and feel the apex-beat while we listen to the sounds. The sound which we find to be synchronous with the apex-beat is, of course, the first sound. This mode is not always available, for the apex-beat is not appreciable in all cases. The other mode is more uniformly available. It consists in placing the finger over the carotid artery, and observing which sound occurs synchronously with the carotid pulse. The carotid pulse and the first sound are synchronous. This is not true of the radial pulse; an appreciable interval elapses between the first sound and the pulse at the wrist, and hence the latter is not a guide.

Reverting to the murmurs considered in my last lecture, the mitral direct murmur takes place just before the first sound of the heart, the apex-beat and the carotid pulse; the mitral regurgitant murmur and the aortic direct murmur accompany and follow the first sound, the apex-beat and the carotid pulse; the aortic regurgitant murmur accompanies and follows the second sound of the heart. Of these murmurs, two denote, from their relations to the heart-sounds alone, the situation of valvular lesions, viz. the mitral direct and the aortic regurgitant. The remaining two murmurs occurring in the same connexion with the heart-sounds, other points are necessary for their discrimination; and, with regard to all the murmurs, other points than the time of their occurrence are brought to bear upon their discrimination. Before proceeding to speak of these, let us consider how far the murmurs are capable of leading us in the diagnosis of valvular lesions.

We have seen that valvular lesions may involve, first, obstruction of the mitral and aortic orifices; second, insufficiency of the valves protecting these orifices, and consequent regurgitation; and, third, mere roughening of the surfaces without either obstruction or regurgitation. In the latter case the lesions are comparatively innocuous; they are serious, other things being equal, in proportion to the amount of either obstruction or regurgitation, or both combined. Now, the murmurs generally enable us to determine, in the first place, the existence of valvular lesions; in the second place, their situation, whether in the aortic or mitral orifice, or in both these situations; in the third place, the existence of valvular insufficiency or of regurgitation; and, in the fourth place, in some cases, the existence of obstruction. These four points of information are not only of interest, but of great practical importance. The murmurs thus lead us a good way in diagnosis, but still not so far as we could desire, and as we are able to go by combining with the knowledge afforded by the murmurs, facts pertaining to other signs and symptoms. The murmurs alone, as we shall hereafter see, do not afford us much information respecting the amount of obstruction or regurgitation, and consequently of the gravity of the valvular lesions.

Proceeding to consider more fully the diagnosis of valvular lesions, we will take up first those seated at the mitral orifice. Here is a specimen illustrating both contraction and patescency of this orifice. It was taken from the body of a patient who recently died at Blackwell's Island Hospital. The patient was examined by me, and the diagnosis made some time before his death. You will recollect there are two murmurs emanating from this orifice, viz. the mitral direct and the mitral regurgitant. The mitral direct murmur generally denotes mitral obstruction. With some exceptions, to which I shall hereafter refer, we base the diagnosis of obstructive lesions situated at the mitral orifice, on the presence of this murmur. I wish you to take note of this murmur especially, for some distinguished auscultators deny its existence. When the points involved in its recognition are clearly apprehended, it is as easily recognised as either of the four murmurs. No other murmur occurs in the same relation to the heart-sounds; it is, as we have seen, pre-systolic in the time of its occurrence. I have three cases under my observation in Bellevue Hospital presenting this murmur, and I shall give you all an opportunity of hearing it at my next clinical lecture. Aside from its being pre-systolic, there is generally a distinctive character in the sound itself. It is usually somewhat rough, resembling the sound produced by throwing the lips into vibration with the expired breath. When this character of sound is strongly marked, I have called it a blubbering murmur. This character of sound I suppose to be due to the vibration of the curtains which compose the mitral valve. It is heard with its maximum of intensity around the apex of the heart. Often it is limited to a small space. It is propagated best in a direction from the apex anteriorly towards the median line, not so well in an opposite direction. Sometimes it is so loud as to be heard over a considerable area. These are the points involved in the discrimination of this murmur. Its presence, as I have said, denotes, with some exceptions, the existence of mitral obstructive lesions; but its absence is not proof that these lesions do not exist. It is present in only a certain proportion of the cases in which obstructive lesions exist; and it is especially apt to be present in one variety of these lesions, viz. when the mitral curtains become adherent at their sides, and form what is known as the button-hole contraction.

A regurgitant stream of blood through the mitral orifice always gives rise to a murmur unless the action of the heart be exceedingly feeble. The mitral regurgitant murmur, as we have seen, accompanies the first sound; it is one of the two systolic murmurs, the aortic direct murmur being the other. How is the mitral regurgitant to be discriminated? It has its maximum of intensity at or near the apex of the heart. It may be limited to a circumscribed space in this situation; but if not thus limited, it is propagated best and furthest in a lateral direction around the chest, towards the spine. It is often heard on the back, to the left, and not unfrequently to the right of the spinal column. It is propagated better in this direction than upwards, towards, and above the base of the heart. It is not heard over the carotids. The murmur may be more or less intense, soft, rough, or musical. We shall see presently that the points just stated with respect to the maximum of intensity, the direction of propagation, and absence from the carotids, suffice for the discrimination of this murmur. It is so constantly present when mitral regurgitation exists, that we may, in general, infer from its absence that regurgitation does not occur.

Does the mitral regurgitant murmur always denote actual regurgitation? You will say, "of course it should, from its name, have this significance." Yet it does not. We may have a mitral regurgitant murmur without regurgitation; that is, a murmur with the first sound referable to the mitral orifice may be produced when there is no insufficiency of the mitral valve. Roughening of the mitral curtains will produce it. It is therefore more accurate to call this murmur a mitral systolic murmur, with or without regurgitation. Can we determine, during life, whether the murmur be a regurgitant or non-regurgitant murmur? I think we can do this in many, if not most instances. If the murmur be limited to a circumscribed space, at or within the apex of the heart, that is, not propagated much without the heart towards the left lateral surface of the chest, and not heard on the back, it does not denote regurgitation. On the other hand, it does denote regurgitation, as a rule, if it be propagated much without the heart, and if it be heard on the back. To this rule, however, I believe there are some exceptions.

The two mitral murmurs occur separately or in combination. The mitral systolic occurs much oftener without than with the mitral direct murmur. Of the four murmurs this is the one most frequently met with in practice. The mitral direct, also, occurs alone. This is true of two of the three cases now under our observation. It then denotes obstructive lesions without regurgitation. In the remaining case both murmurs are present, denoting both obstruction and regurgitation. In this case we have a rough presystolic and soft systolic murmur at the apex, the first sound dividing the two murmurs.

To understand the diagnostic symptoms of mitral obstructive and regurgitant lesions, you must consider the effects of these lesions on the heart. Marked symptoms are not produced until the lesions have led to enlargement of the heart, and, in giving rise to enlargement, the first effect is on the left auricle. The left auricle becomes over distended and, at length, dilated from the accumulation of blood. Then ensues pulmonary congestion, next follows hypertrophy, and finally dilatation of the right ventricle, and last, the right auricle becomes dilated. The left ventricle may become but little or not at all enlarged. You see these effects on the heart finely exemplified in the specimen which I have already exhibited in this lecture, showing mitral contraction and insufficiency. The left ventricle is scarcely increased in size; the left auricle is much dilated; the right ventricle is hypertrophied and dilated so as to form a much larger portion of the organ than the left ventricle; and the right auricle is dilated. Now, as one of the symptoms of mitral lesions, involving considerable contraction or patescency, or both, we have weakness of the pulse. The pulse is weak because, in proportion to the amount of obstruction, the left ventricle is imperfectly supplied with blood, and, in proportion to the amount of regurgitation, blood is impelled backwards into the auricle which would otherwise pass into the aorta with each ventricular systole. Weakness of the pulse is thus, to some extent, a criterion of the amount of obstruction or regurgitation at the mitral orifice, especially if the action of the heart be not notably weakened, and the contrast, in some cases, between the pulse and the heart's impulse, is very striking. This contrast is strongly indicative of mitral lesions.

Obstruction to the passage of blood from the lungs to the heart, arising from the accumulation of blood in the left auricle, involves pulmonary congestion. Hence, cough and expectoration are more or less prominent symptoms. Hæmoptysis, especially if there be much mitral contraction, frequently occurs from time to time, the amount of hæmorrhage being usually small. Pulmonary apoplexy is liable to occur under these circumstances. Dyspnœa is a distressing symptom in proportion to the degree of pulmonary congestion, and when the right ventricle becomes weakened by dilatation, this becomes the source of great distress. At first, the patient only experiences want of breath on exercise, but in an advanced period of the disease the suffering may become constant and extreme.

It is rare that patients suffer much from pain in the præcordia; they complain of a sense of oppression and indefinite distress, but not of actual pain. Palpitation is not a source of much annoyance. The appetite and digestion may not be notably affected. Nutrition may be but little impaired; patients do not emaciate. The urine may contain a small quantity of albumen, indicating congestion of the kidneys, and not necessarily degenerative disease of these organs.

When dilatation of the right cavities of the heart has taken place, the veins of the neck are frequently turgid, and the surface of the body presents a cyanosed hue more or less marked. With or without turgescence of the veins of the neck, in some cases undulatory movements of these veins are observed, sometimes striking and regular, constituting a venous pulse. In some rare instances the pulsation is apparent to the touch as well as to the eye. These undulations are due to the contractions either of the right auricle or the right ventricle, or to both. It is generally easy to determine whether the jugular pulse be auricular or ventricular, or both combined. First, you satisfy yourselves that the pulsations are venous by pressing gently on the veins of the lower part of the neck, so as to interrupt the flow of blood to the heart. If the pulsations are venous they will be arrested, and return immediately the pressure is removed, the pressure being quite insufficient to arrest the flow of blood in the arteries of the neck. Having determined that the pulsations are venous, you place a finger over the carotid artery on the opposite side, and compare the visible pulse in the vein with the arterial pulse which you feel. Sometimes the pulsations in both the veins and arteries are visible. If the venous and arterial pulses are synchronous, the venous pulse is due to contraction of the right ventricle; it is a ventricular venous pulse. But if the venous pulse just precedes the arterial, as the contractions of the auricle precede those of the ventricle, it is auricular. And if for each arterial pulse there are two pulsations of the vein, one synchronous with the arterial pulse and the other preceding it, the auricular and ventricular venous pulse are both present.

Dropsy occurs when the right cavities have become dilated. The dropsy depends on congestion of the systemic veins, arising from the obstacle to the return of blood to the heart. It commences usually in the lower extremities, and the œdema here may become very great if the patient be unable to lie down in consequence of orthopnœa. At length it extends over the body, and effusion takes place into the serous cavities.

Death takes place gradually in the great majority of cases. Instances of sudden death are not very frequent in cases of mitral valvular lesions. The usual mode of dying is by slow apnœa. Patients are liable to be destroyed by œdema of the lungs, pulmonary apoplexy, or some intercurrent affection.

The consideration of the diagnosis of aortic lesions I must leave for the commencement of my next lecture.

Original Communications.

REMARKS ON ALBUMINURIA,

MADE BEFORE THE NEW YORK ACADEMY OF MEDICINE.

By A. CLARK, M.D.,

PROF. OF PRACTICE AND PATHOLOGY.

(*Continued from* p. 226.)

The weight of these 24 was 2¾, 3, 4, 4½, 4½, 5, 5¾, 6, 6, 6½, 7, 7, 8½, 9½, 9½ oz., &c. These fifteen embrace the extremes, and show that the granular degeneration belongs alike to the large and small kidney. The small kidneys were all granular but one. Most of the large ones were in this state, yet the largest of all (weighing 12 oz.), did not show this disintegration. Intertubular granular deposit was found eight times among the twenty-four having granular cells, and twice among the six in which the cells were not granular. There is then no dependence of one of these lesions upon the other. The appearance of granules in the two positions is different, and would not suggest such a dependence. But the relations of granular cells to the increase of the fibrous tissue is a little more intimate. Thus in the twenty-four instances the kidney was decidedly fibrous in twelve; the excess of fibres was doubtful in seven, and there was clearly no excess in four only; in one not mentioned. The granular degeneration of the cells then occurred in all the decidedly fibrous kidneys, except three. At the same time that it does not depend wholly on this fibrous growth, appears from the fact that there were four at least in which there was no such increase, while the cells were granular.

There was granular matter deposited in the intertubular spaces in 10. Of these four were fibrous kidneys, three doubtful, and three were not fibrous. Eight also had granular cells, as appears above, three of which were fibrous; so that these three lesions concurred only three times. There were four kidneys among the thirty which had neither granular deposit in the intertubular tissue nor granular cells. The weight of these was 4½, 4½, 5¼, and 12 oz. Thus it appears that while most of the large kidneys (as well as the small) exhibit one or other, or both these changes, the maximum size may be reached without either.

The nuclei were granular in the granular cells in about one-half, and in several of these wholly disintegrated. In the other half (16) they were either healthy or only slightly granular; and in the half of these again (8), the nuclei were separated from the granular cells. In six the granular matter was rolled into irregular cylinders in the cavities of the tubes.

Oil globules were infiltrated into the epithelial cells or tubes in considerable quantity in about one-third the cases; thus:—

Oil globules in marked excess within the cells and tubes, in	10
“ “ “ in the cells of the tubular portion, only	1
“ a few not affecting the function of kidney,	12
“ none in cells or tubes (8), ...	5
“ intertubular, none in cells or tubes, . .	3
“ “ in greater or less quantity, in	21
“ “ and intertubular granules together, in	7

The weight of ten of the kidneys having oil in the cells and tubes was severally 4½, 4½, 4½, 5½, 7, 7½, 9, 9¾, 9½, 9½ oz., three being of normal size and seven being enlarged. The weight of the five whose cells and tubes contained no oil, was in three normal, one a little less than 4 oz. and one 6 oz. This would lead us to the inference that this kind of fatty disease belongs to the large kidney, at least in a great degree; but the size of those in which the cells and tubes contained a little, and but a little oil, disturbs this inference somewhat. The weight in this latter class was respectively 2¾, 3, 4, 4½, 5¾, 6, 7, 7, 7½, 8, 9½, and 12 oz., showing that while the smallest may have oil in the cells, the largest may have but little; in other words, that this kind of infiltration is not a principal agent in augmenting the organ, while it is often found in considerable quantities in the larger specimens. The excess of fibres holds about the same relation to this deposit in the cells and tubes that it does to granular disintegration of the cells. In the ten cases the kidneys were decidedly fibrous in four, excess of fibres doubtful in two, no excess in four. The two lesions concurred in a little less than half the cases in which the marked fatty disease existed.

The nuclei of the fatty cells did not, as a rule, exhibit the oily deposit. Oil globules were noticed in these bodies, however, in five instances; usually the quantity was small. The nuclei cannot always be seen, on account of the quantity of oil contained by the cells. They do not appear to be so frequently set free as those of the granular cells.

The intertubular deposit of oil, noticed in twenty-one instances, was considerable in ten, but little in eleven. The weight of the ten in which it was considerable, was severally 4½, 4½, 5½, 7, 7, 7½, 7½, 9½, 9½, and 9½ oz. This will give an average weight of 7⅒ oz. It would seem then that we have at length arrived at something positive regarding the cause of the enlargement. The eleven which showed but little intertubular oil, however, had the following weights, viz:—2¾, 4½, 4½, 5, 5¾, 7, 8, 8½, 9, and 12 oz., giving an average of 6¾ oz. These then lack less than half an ounce of the weight of the more fatty kidneys. But comparing these with the eight in which there was no interstitial oil, whose weights were 3, 3¾, 4, 4½, 4½, 4½, 5½, and 6 oz., averaging 4½ oz., the conviction that oily deposit is one of the agents in determining the size of the kidney chronically diseased, seems to gain confirmation. Yet in these lists is a kidney weighing 12 oz. whose intertubular tissue contained but a moderate quantity of oil, and another weighing 4½ oz. in which there was a great deal, comparatively. Still the result derived from all the cases can, I think, hardly be resisted. Granular matter in the intertubular tissue seems to have little influence on the enlargement. Among the ten instances in which it was noticed, in eight it occurred in company with oily deposits in the same tissue, and the weight in these instances was severally 4½, 4½, 4½, 5, 7½, 8, 9½, and 9½ oz., giving an average of about 6½ oz., which is one ounce less than the weight of the kidneys having considerable oil, with or without granular matter. The increase of the fibrous tissue is not intimately allied to the deposit of oil. Of the twenty-one cases twelve were fibrous, in four the excess was doubtful, and in five there was no excess; and the average weight in these classes was respectively 6 oz., 7 oz., and 5¾ oz., giving the greatest weight to those in which the matrix was abundant, but perhaps not in excess, and the least to those in which there was no excess. Then the twelve which contained the most oil, embrace seven decidedly fibrous, three doubtful, and two which showed no increase of the matrix; and of the nine that had but little oil, five were fibrous, two doubtful, and two normal in this respect. No valuable inference can be deduced from these figures, unless it be this—that the multiplication of fibres in a kidney does not prevent the accumulation of oil in the matrix, and probably does not materially favor it; and that the conditions which produce the oily deposit on the one hand, and the multiplication of fibres on the other, concur a little oftener than either occurs separately.

The condition of the malpighian bodies is noted in eighteen cases, and in the others I have good reason to believe that there was nothing unnatural to note, as I am confident they were examined in every instance. In a large proportion of the cases these bodies had undergone no very important change.

The capsule was thickened and contracted, and tufts shrunken in	3
Oil globules within or upon the capsule, usually quantity not large,	7
Granular matter within or upon the capsule,	5
Granular matter and oil globules together, included in the above,	2

The shrinkling of the tufts and the contraction of the capsule is undoubtedly a cardinal lesion, but the granular and fatty state, when inconsiderable, as it was in most instances, does not appear to me very important. It is interesting to notice the size of those kidneys in which contraction and shrinking occurred. It is looked for with most confidence in the contracted specimens, and is correctly regarded as almost exclusively belonging to them. Its occurrence in the large ones only shows how this, like the other lesions of Bright's disease, breaks through our arbitrary boundaries, and allies the large and small by the same *kind* of diseased action manifested in both. Their weight was severally 8½, 6½, and 2¾ oz. So, it appears that but one of the contracted kidneys had the malpighian bodies partially destroyed, while this accident occurred to two which were above the natural size. In all the fibres were very abundant. In the kidneys weighing 6½ and 2¾ oz., they were in great excess, while in that weighing 8½ oz. there was a contrast in the different parts, in some portions the fibres were in excess, in others they seemed to preserve their normal proportion. But the concurrence of this lesion with excess of fibres in the matrix is, I believe, well established. In these three cases the thickening of this capsule was much more marked than the shrinking of the tufts. In one instance the thickness was measured, and was found to vary in different parts, from $\frac{1}{1000}$ to $\frac{1}{2000}$ of an inch, exceeding in the average the largest diameter of a blood corpuscle. The capsules in the small kidney, besides being thickened, were covered with fine oil globules on the outside, and are therefore twice counted in the figures given above. The size of the kidneys having the malpighian bodies fatty will be learned from the following weights, viz. 2¾, 4½, 4½, 5¾, 7, 7, 9 oz., and in four out of the seven cases the fibres of the matrix were increased, in the others they were abundant, but perhaps not in excess. In every instance where oil was found within or upon the capsules of the malpighian bodies it was found in about the same proportion in the fibrous matrix. Regarding the five cases in which granular matter was found upon or within these bodies, in four, similar matter was found in the matrix. In the fifth case there was a vast amount of this substance in the capsule, considerable oil in the matrix, but no granules; the epithelial cells, however, had undergone extreme granular degeneration (weight 9½ oz.). The weights of these kidneys were severally 4½, 4½, 7½, 9½, 9½ oz. The fibres were in normal quantity in three, viz. those weighing 4½, 7½, and 9½ oz. while in one weighing 4½, and one weighing 9½ oz., they were in excess. No other generalization can be deduced from these statements, than that the malpighian bodies in the greater number of these kidneys have undergone no visible change, or only such a one as should not materially affect their function; and when diseased, for the most part, their diseased state is determined by and corresponds with the condition of disease in the fibrous matrix.

An explanation of the white or whitish color, which many of the kidneys had acquired, can, I think, be obtained from the facts which I am next to submit. This pale appearance varied from a yellowish hue to an almost milk-white, and it is worthy of notice that though the form of disease is called "the *large* white kidney," it is far from being always large.

The color is noted in	29
It was cadaveric or pale yellow, or some intermediate hue in	22
Kidneys that had excess of fibres,	11
Fibres abundant, not perhaps in excess, in	5
Fibres not in excess, in	5
Fibres not mentioned, in	1

A positive and recognisable increase in the quantity of fibres occurred in just one half of the pale kidneys, and there were five in which there was no excess of the fibrous matrix, while four of the fibrous kidneys were not of this color. The excessive production of fibres, therefore, is not inconsistent with paleness, may indirectly favor its occurrence, but is not the cause of it. Before referring to what is probably its cause, I may give the weights of these pale kidneys in confirmation of the statement that they are not all large. There were between 4½ and 5½ oz., to me the unexpected large number of nine. The normal weight of the kidney I assume to be 4½ to 5 oz. So that almost one half of these specimens, more or less pale, were either of normal size, or only a little above it. Weighing from 6 to 8 oz. inclusive, there were seven; 9 and 9½ oz., four; 12 oz., one; and of one, only a part was seen by me, and the weight could not be taken. We may infer from this, that while the *large white* kidney is the type of a class, the change of color begins, and is often far advanced, before the size of the organ is materially increased. If we now examine the condition of the cells and tubes, and the intertubular tissue, we get the following results for the twenty-two pale kidneys, viz.:

Cells and tubes granular in	20
Very granular in 15, of these very fatty,	7

Moderately granular in 5, of these . { Very fatty, 3 (one in spots), slightly fatty, 1—matrix exceedingly fatty; not fatty, 1—matrix decidedly granular.

Not granular, 2; of these, ... { Tubes fatty 1, and matrix also fatty; cells very fatty, 1.

All the cases in which paleness was noticed had the cells and tubes, one or both, either granular or fatty, except one, and in that the intertubular tissue was "decidedly granular." Another view of nearly the same facts will appear in the following table. Among the twenty-two pale kidneys

The cells and tubes were *fatty* in 17; fatty in spots in 1.
Very fatty in 10, and of these very granular, 6.
Slightly fatty in 7, of these very granular, 6.
Spots very fatty in 1; some tubes in this very granular.
Not fatty in 4, but { Very granular, 2; Slightly granular, 2; } Matrix in both decidedly granular.

Again, the condition of the intertubular tissue is worthy of notice.

Matrix contained oil globules in 16.
Quantity considerable in 9; also decidedly granular in 5.
Quantity not great in 7; in these not granular in any.
None in 6; { decidedly granular in 2; neither granular nor fatty, 4.

The four kidneys in which the matrix was neither granular nor fatty were not of large size, weighing severally 6, 6, 5½, and 4½ oz. One had the cells extremely granular, and at the same time slightly fatty; another had the cells also extremely granular but not containing oil; a third had the cells extremely fatty without granular degeneration, and the remaining one was intensely fatty in spots, and a few of the tubes which were not fatty were opaque from granular degeneration.

As to the eight kidneys not described as pale, one was a small hobnail kidney, weighing 2¾ oz. The cells were very granular, and contained a little oil; there was also a little oil in the matrix. The color on the surface was normal, but the section was of a *light grey*. This then, without much forcing of the truth, might be called a pale kidney. *The second* was the olive-colored kidney already described, weighing 4¼ oz. The matrix contained considerable oil, and considerable granular matter; but neither was found in the cells or tubes. Whatever hue this specimen might otherwise have had, was concealed by this accidental color. The *third and fourth* were of dark blood-color; both were congested, weighing 8 and 8¼ oz., and after the blood had drained away both had something of the pale hue. One had granular cells and a few oil globules in the matrix; the other had a little granular matter and some oil in the matrix, and one in twenty or so of the cells contained some oil globules. *The fifth* was of a yellowish pink, weighed 4 oz. Many cells were granular, many a little fatty, and many quite normal; the matrix was healthy. *The sixth* weighed 4¼ oz., and was of normal color; yet one half of the cells were more or less distended with oil, and there were some globules in the fibrous tissue. *The seventh* was another hobnail kidney, weighing 3 oz., having markedly granular cells, with a few oil globules; but the matrix contained neither granules nor oil. Its color is described as normal, with the exception of greenish (old ecchymotic) stains on the surface. *The eighth* weighed 4 oz., was of natural color, and had neither oil globule nor granule in any of its tissues; it was simply fibrous.

(*To be Continued.*)

REPORT ON

GANGRENE OF THE THROAT.

A DISEASE NOW FIRST OBSERVED AT THE UNITED STATES GENERAL HOSPITAL, DEPARTMENT OF THE GULF.

By DR. RUFUS KING BROWNE,

SURGEON U. S. V.

THE disease I describe, is a new form of hospital gangrene—a *new* disease, if what varies so widely from ordinary hospital gangrene, but is of the same type, is entitled to be so called. I designate it Gangrene of the Throat. It was found to involve the root of the tongue, the ventricles, and the cartilage of the larynx. The cases presented no symptoms which indicated the progress of the ravage, except in one out of fourteen instances, in which, during the last half hour of life, dyspnœa was very marked. In one case, the connexion of the arytenoid and thyroid cartilages was destroyed, with the outer part of the tissues covering the side of the latter. In all the others of that number, none, except two, which presented *moderate* fœtor of the breath, presented any peculiar sign of the commencement or progress of the disease. In one or two instances of the above number, the autopsy disclosed slight œdema of the glottis, and equally slight serous infiltration of the loose tissues adjoining the larynx. None of them presented any symptoms of inflammation of the throat; neither pain, sense of distress, nor constriction. The disease did not present any of the characters of ulceration, nor assimilate any of its characteristics of heat or morbid redness. Unlike hospital gangrene, it occurs without febrile symptoms or tumefaction, or the characteristic edging of that form of ulceration.

When found after death, the destroyed part has the color of gangrened pulmonary tissue, though devoid of the very strong fœtor of the latter.

The exact character of the first stage of the disease, being not open to inspection, is undetermined. In the last of the autopsies in which it was discovered, I sought to ascertain this, but ineffectually. The œsophagus was not injured by the disease, nor did it appear on the external surface of the body. Neither did it appear in any cases of decided scorbutus, yet, in one case, it did in the alveoli of the lower jaw, which presented likewise a scorbutic appearance.

In the foregoing I describe as thoroughly as now practicable, this species of gangrene. The disease was found in eleven of the forty autopsies made by my own hands, expertly assisted by Dr. Clary, in the fifteen days ending with the 13th September. It may be a question whether the disease is not as frequent elsewhere in military hospitals, and the ordinary amount of examination in autopsies does not disclose it. Ordinarily, although the lungs, trachea, and bronchi are examined, the throat is not, except in cases where throat symptoms are manifest before death. Upon this turns the question of the frequency of gangrene of the throat. I trust this point may be decided by the concurrent search of other surgeons. It may already have been elsewhere detected. Of the cause or condition of its appearance, I am without anything but surmise. It was found in debilitated and greatly reduced patients, but of the nine hundred in this immense hospital, at the time the autopsy which first disclosed the disease was made, none were otherwise. Including these, there had been previously collected at once in its wards and spacious galleries, upwards of twelve hundred under my charge, but such of these as presented no specific ailment were sent to other quarters.

Among the number which remained, there were but four wounded who did not die. The occurrence of the disease, therefore, did not resemble the conditions of hospital gangrene. As soon as its presence was discovered by autopsy, I caused an inspection of the throats of all the patients, and isolated those suspected. Of these one died, not, however, of this disease, for his case was one of ulceration of the throat, with the ordinary symptoms of distress, circumscribed redness, and purulent formation. Other cases of ulceration were radically improved by topical treatment with sol. argenti nitratis.

In one instance only did such inspection of the throat reveal gangrene. Here it had invaded the space between the pillars of the fauces. It was treated vigorously with a strong solution of nitrate of silver. The only complaint this patient made was, that his mouth was sore. He died. In the most recent autopsies the disease does not appear.

I describe this disease so soon after my experience of it, in the earnest desire that others may guard against its being overlooked. I know but little respecting it; I have simply observed—

First. That it appeared among the sick and debilitated patients, not wounded, nearly all of whom had been reduced by that most *deadening* of all diseases, the Mississippi or marsh fever. Many of these had long been afflicted with chronic and incurable diarrhœa. They were weak and feeble. Precisely similar were some of these cases in the manner of their disease and death, to those named by your correspondent, Dr. Rawson. Perhaps, however, otherwise than Dr. Rawson thinks, debility, and not scurvy, is the cause of death in these cases, for many undoubtedly scorbutic and debilitated recuperate, while others debilitated and not obviously scorbutic, die. They would rise, walk feebly but steadily along, return to bed, and immediately die. The autopsy revealed no lesion or organic disease. In vain I searched brain, heart, lungs, and the other organs, for some of the familiar causes of sudden death. I spent in the search every moment of spare time. In but four cases did I discover any of these causes. It was in the midst of this ineffectual search for its special purpose that I at length noticed, issuing from the mouth of a dying man, a little foul-looking and slimy fluid, of a peculiar cadaverous odor. He had never complained, so far as the attending physician was aware, of any throat difficulty, but, on autopsy, I explored the throat and found the disease I describe.

Secondly. So far as I have discovered, this disease attacks the throat and no other organ. It has appeared only in the mucous membrane. I sought, but failed in every instance, to find it in the same case with gangrene of the lung. Nor have I found it in the same case with scorbutus or the ordinary hospital gangrene.

Thirdly. Not a single one of the conditions known as productive of hospital gangrene, existed during its production here. The wards of the hospital are very lofty, and its spacious and equally lofty galleries and corridors will entertain in the most salutary manner twenty-five hundred patients, but at no time was there more than twelve hundred and fifty. There is no part of these secluded from a free sweep of fresh air. The windows reach almost from the high ceiling nearly to the floor.

The outer wall of the edifice is of iron, the inner of brick, thoroughly whitewashed.

With regard to cleanliness, the force of energy and attention could no further go, as I imagine. From the first moment when I voluntarily took charge of the twelve hundred sick deposited here from Baton Rouge, the collected sick of a whole season of the troops there, and Vicksburg swamps, no unpleasant odor has been allowed to be present anywhere within the walls, even in the kitchen. With a large force of contrabands to do it, every sunrise sees every washable part of the building cleansed thoroughly; not a spot but is visited by me *several* times a day.

Aware of the magnitude of the dangers of uncleanliness among so large a number of sick men in one building, the inflexible rule has been, punishment of every offence of the least uncleanliness, alike of officers or privates. Had this rule not been enforced with a constancy and force of determination neither to be baulked nor evaded, these walls would have been a pest-house. To be sure, these men were deposited here destitute *of everything whatever* but accumulated filth and disease, *and as completely lost to any notion of, or respect for, cleanliness, as though they had never heard of it*, but since they have been here, no uncleanliness of the hospital has been *permitted*. Even the outer walls, being of painted iron, and reachable to the galleries, have been continually scrubbed. Patients in wards in which the mortality was greatest, which had been floored for us, were placed in others as soon as floored, while all the wards except two are open on both sides to the open air. Finally, except the scorbutic condition of the system, there have been here none of the known conditions of hospital gangrene. The existence of "gangrene of the throat" is to be accounted for on other conditions—perhaps the mere absence of vigor, and of the enlivening power of the blood.

On a continued examination of this disease, I am constantly convinced that if it has been noticed in single instances, it has not been known to exist in any considerable number of cases—I ascertained eleven cases out of forty-two autopsies. A larger number of autopsies, amounting to eighty-seven, was made without any suspicion of the disease. As often as the disease was disclosed, I thought of one point—its painless progress—of similarity with phagedenic ulcer of the penis, and looked for this in its appropriate seat, but invariably without success. The whole number of these cases were examined with reference to disease of the principal organs, causing death, but the general debility or cachexia was thought to be sufficient to account for them. Otherwise, therefore, than as either Dr. Rawson or Dr. Kennedy supposes, debility was neither a "symptom" (Rawson), nor a "cause" (Kennedy), of scurvy, for although they were examined most carefully, even to the opening of the joints, none of the symptoms which constitute scurvy, according to our knowledge, were found: For they do not die of scurvy but of debility. But one case died of scurvy, and autopsy disclosed the disease in various signs.

In all these instances the abdominal cavity contains a large quantity of fluid, which floods the intestinal tube and augments its morbid activity. Autopsies made but a few minutes after death *always* disclose this fact. In such cases the supposition was always entertained, that the vascular portion of the omentum was the source of the accumulation. Here also the watery part of the dilute blood, in a very dependent part, transudes through the thin coats of the capillaries, and collects into the abdominal cavity—and concurrently to this the feeble force of the circulation scarcely suffices to dispel the blood past the point of gravitation.

The same is true of the œdema of the legs, or of the chest. Always I find by autopsy such is the case. This excess of fluid in the cavities tends further to slacken the forces of life, and bring them to an end The sum total of the fluid of the body is *not* decreased; but the blood itself *is*,—hence you will always find on autopsy of these cases but little *blood* (it is surprising how little), and that principally in the veins of the neck—the portal and pulmonary system, and even the great arterial vessels have but little. These debilitated men die so suddenly, that but for their previous state, and the entire absence of the conditions of congestion, you would think them stricken of apoplexy. It is simply the end of debility. The kidneys have secreted their normal amount of fluid—and are found healthy and of full size. It is of but little use, therefore, to give directions, unless you revive the functions which replenish the blood, and form its plastic elements. The skin also does its part, but ineffectually. I have made some rapid reductions of the œdema of the lower extremities by means of a mixture of aqua distil. 1 qt., rock salt ℥ ij., and glauber salt ʒj., and have also observed a marked improvement in the general anasarca from the juice of the raw onion, though the quantity of this latter I could cause to be made was very small, having nothing better for the purpose than an extemporized lemon squeezer. For the scorbutic tendency a cold potato salad, formed of boiled sliced potato, onions, vinegar, and a little olive-oil, is the best *alleviant*, or finely sliced raw potato may be used—though I suppose the juice of the raw potato to be the very best; and for arrow-root in cases of weakness of the stomach, I substitute a mess made of lager-beer thickened with good flour, or the mucilage of slippery elm, flavored, and set upon the stove until it reaches ebullition. This mess is tonic, and the gluten of the flour is the most nearly assimilable of all vegetable proximate principles; and is very nutritive, while it is not less emollient than arrow-root.

As stated above, there is a large proportion of the sick, of cases of chronic diarrhœa, which have had intermittent fever, that are incurable by any of the known resources of therapeutics. Again and again, in the history of these, the frequency of the fæcal discharges may be abated or arrested, but the cessation will be only temporary. The system itself reaches a stage of debility, where it does not respond to the presence in it of the appropriate remedy. For precisely as a certain organ is requisite to deal out and appropriate nourishing substances, so is it requisite to deal with a remedy. Not only is the blood itself not *renovated*, nor its dominant element, the red globules, formed, but for the very reason that this replenishment does not occur, it becomes thinner, diminished in amount, and dilute from the continued absorption of the watery parts of the serous fluid bathing the tissues. In those parts of the vascular system, therefore, as mucous surfaces, where the normal function of the capillaries in co-operation with the follicles based upon them, is to secrete some of the proximate substances, they transude a watery fluid alone. The muscular fibrillæ everywhere, the dominant cause of the various functions, unsupplied with their proper substance from the blood, become toneless and lax,—and the intestinal canal becomes a mere receiver of a watery transudation.

But what was most remarkable was, that the autopsy disclosed in all but three of these cases a *striking flabbiness of the heart*, *proving that* what has been said of the muscular fibrillæ is equally true of the heart, and the muscular part of the entire arterial system. This debilitated heart, therefore, greatly impaired in power, combined with a small quantity of blood,—a want of propelling power, and propelled fluid—a *two-fold* inefficiency of the circulation—is precisely the condition for the transudation of fluid formed in such cases. It accounts, indeed, both for the almost total want of energy, and explains the character of the disease.

This condition of the impoverished and diminishing, relaxed, and flabby muscular substance, perfectly accounts for the patient's *feeling* so very sensibly his inefficiency to move by means of the voluntary system, and the reflective will easily distinguish between this "*feeling*" and the *consciousness* or knowledge a patient experiences in paraplegia, wherein there is no such impoverishment of the muscles, unless the immobility is chronic. I do not see that reason demands any more explicit explanation of the facts in the case. You may think a patient merely spiritless and lazy, you may exhort him accordingly; but on a careful inspection of his acts day by day, you will find he can do no better *as he is*. The only partial recuperative is a Northern climate.

In the absence of an invigorating climate, no restoration of these cases is possible by medicine. The red globules of the blood, always the enlivening agents of the functions, being wanting, as the normal quality of the blood as a plastic material, the gastric juice cannot be secreted, and also the physiological dissolution of food is unperformed. Every food, therefore, which requires such dissolution, is passed without it.

I have continued to attempt the restoration of these cases, by an adequate supply of the cold extract of beef (Liebig) which contains all the soluble organic substance of flesh—and the hematine of its red substance, in the most assimilable form. But no obvious success has been attained. This substance is greatly the superior of beef essence or beef tea. Even under this care these cases linger on, and one by one drop off.

It is thus the *Northern* soldier, to whom the environment of a northern atmosphere is *literally a part of his being*, yields his life in defence of liberty.

People do not "stand" upon their muscle here, *they sit and lounge*. Find a man anywhere, and if there is a resting-place of only the dry ground he is "*down upon it*." Soldiers do not carry their knapsacks, the quartermaster does it. Nor do they stand guard with their muskets. They sit guard in shirt sleeves and detached bayonet.

These are the conditions, it appears to me, which hold a direct relation to gangrene of the throat—a non-inflammatory—a non-febrile, destructive disease.

Progress of Medical Science.

NEW EXCRETORY FUNCTIONS OF THE LIVER.

Dr. Austin Flint, Jr., has furnished to the *American Journal of Medical Sciences*, Oct., 1862, a very elaborate paper upon the new excretory function of the liver. As the result of many careful experiments with reference to this point, the following conclusions are arrived at:

1. The cholesterine exists in the bile, the blood, the nervous matter, the crystalline lens and the meconium; but is not found in the fæces in ordinary conditions. The quantity of cholesterine in the blood of the arm is from five to eight times more than the ordinary estimate. 2. Cholesterine is formed in great part, if not entirely, in the substance of this nervous matter, where it exists in great abundance; from which it is taken up by the blood, and constitutes one of the most important of the effete or excrementitious products of the body. Its formation is constant; is always existing in the nervous matter and circulating fluid. 3. Cholesterine is separated from the blood by the liver, appears as a constant element of the bile, and is discharged into the alimentary canal. The history of this substance in the circulating fluid and in the bile, marks it as a product destined to be got rid of by the system, or an excretion. It pre-exists in the blood, subserves no useful purpose in the economy; is separated by the liver, and not manufactured there; and if this separation be interfered with, accumulates in the system, producing blood-poisoning. 4. The bile has two separate and distinct functions dependent on the presence of two elements of an entirely different character. It has a function connected with nutrition. This is dependent on the presence of the glyco-cholate and tauro-cholate of soda, which do not pre-exist in the blood, subserve a useful purpose in the economy, and are not discharged from it, are manufactured in the liver and peculiar to the bile, do not accumulate in the blood when the function of the liver is interfered with, and are, in short, products of *secretion*. But it has another function connected with depuration which is dependent on the presence of cholesterine which is an excretion: the flow of the bile is remittent, being much increased during the digestive act, but produced during the intervals of digestion for the purpose of separating the cholesterine from the blood, which is constantly receiving it. 5. The ordinary normal fæces do not contain cholesterine, but contains *stercorine* (formerly called seroline from its being supposed to exist only in the serum of the blood) produced by a transformation of the cholesterine of the bile during the digestive act. 6. The change of cholesterine into stercorine does not take place when digestion is arrested, or before this process commences; consequently stercorine is not found in the meconium or in the fæces of hybernating animals during their torpid condition. These matters contain cholesterine in large abundance, which also sometimes appears in the fæces of animals after a long fast. Stercorine is the form in which cholesterine is discharged from the body. 7. The difference between the two varieties of jaundice with which we are familiar, are characterized only by yellowness of skin and are comparatively innocuous, while the other is attended with very grave symptoms, and is almost invariably fatal, and is dependent upon the obstruction of the bile in the one case, and its suppression in the other. In the first instance, the bile is confined in the excretory passages, and its coloring matter is absorbed, while in the other the cholesterine is retained in the blood and acts as a poison. 8. There is a condition of the blood dependent upon the accumulation of cholesterine, which Dr. Flint has called *Cholesteremia*. This only occurs when there is a structural change in the liver, which incapacitates it from performing its excretory functions. It is characterized by symptoms of a grave character, referable to the brain, and dependent upon the poisonous effects of the retained cholesterine on this organ. It occurs with or without jaundice. 9. Cholesteremia does not occur in every instance of structural disease of the liver. Enough of the liver must be destroyed to prevent the due elimination of the cholesterine. In cases in which the organ is but moderately affected the sound portion is capable of performing the eliminative function of the whole. 10. In cases of simple jaundice, when the fæces are decolorized and the bile is entirely shut off from the intestine, stercorine is not formed in the evacuations; but in cases of jaundice with cholesteremia, the stercorine may be found, though always very much diminished in quantity, showing that there is an insufficiency in the separation of the cholesterine from the blood, though its secretion is not easily suspended. After death in these cases, but a small quantity of bile is found in the gall-bladder.

Government, it is understood, is to rent the hospital grounds at New Haven, Ct., and erect buildings to accommodate one thousand patients. The hospital will be organized on a strictly military basis. Dr. P. A. Jewett has been appointed a surgeon in the United States Army, and the hospital will be under his charge, with a sufficient number of assistant surgeons. Two hundred and fifty wounded soldiers are expected to arrive in New Haven in a few days.—*Courant*.

Reports of Societies.

NEW YORK ACADEMY OF MEDICINE.

Stated Meeting, April 16, 1862.

DR. JAMES ANDERSON, PRESIDENT, IN THE CHAIR.

DISCUSSION ON PELVIC HÆMATOCELE.

Abstract from Dr. Byrne's paper, continued from page 232.

Curative Treatment.—Formerly Nélaton and others resorted to puncture in these cases indiscriminately, but inasmuch as several cases so treated terminated fatally, some by purulent infiltration, and others by loss of blood, the expectant treatment has, for the most part, been recommended by writers. Nélaton suggests, "*if opened at all, a free incision to prevent decomposition*," but thinks, at the same time, "*you can always rely on absorption.*"

It will be found hard to reconcile such an opinion with the impressions likely to be derived from a perusal of recorded cases; nor does it seem safe or possible to base any satisfactory speculation on such limited data as the statistics of hæmatocele yet afford; because, in several instances where "puncture of the tumor was followed by fatal consequences," the unwarrantable delay in resorting to this means of relief, and not the operation itself, was in a great measure the cause of such a result. Again: among the cases treated successfully on the expectant plan, we find many ending by "spontaneous evacuation of the cyst," as well as by absorption, though by right those which terminate in the latter manner only should be included in such list. Because, therefore, a cyst *may, in time*, burst, and discharge its contents through the vagina or rectum, or the tumor be removed by absorption, the medical attendant would surely not feel justified in delaying the necessary operation, and thereby causing the patient so much suffering and risk.

Moreover, if fatal consequences have occasionally followed the opening of the cyst, it should not be forgotten that the manner in which this was resorted to, or the questionable proceeding of injecting the cavity afterwards, may have had something to do with the issue. Besides, when we know that "surgical interference," too long delayed, may be worse than useless, and that even the cyst may empty its contents through the softened tissues into the peritonæum,[*] "*I would submit, that we have no right thus to test the patient's powers of endurance; and I venture to predict, that further experience, if not the dictates of conscience and humanity, will lead us to discard such practice.*"

After the inflammatory complications which follow the invasion of hæmatocele have passed over, and especially if the condition of the patient, or the size and location of the tumor, be such as would lead us to hope for absorption, such constitutional and topical means as seem best calculated to promote that process, should always be first resorted to. For this purpose, counter-irritation over the seat of the tumor, the internal and local use of iodine, mercury, and other alteratives, perfect rest in the horizontal position, and strict attention to the state of the bowels, would appear to be the principal means likely to advance this end.

Puncture.—Recamier, a strong advocate for opening the cyst, when such proceeding seemed at all practicable, was accustomed, after making an incision into the posterior vaginal wall, to introduce one or two fingers into the wound, for the purpose of removing any clots which might be found adhering to its walls; and Professor Simpson has practised and recommended a similar proceeding, while French surgeons generally resort to puncture with a trocar, and almost all writers thus far practise or commend the use of tepid water, or medicated injections, into the cavity, "for the purpose of preventing decomposition," or "purulent infiltration."

With regard to the best place to select for opening these cysts, the author makes the following remarks:—"In the case referred to, it will also have been noticed that the *rectum* and not the vagina was chosen as the more suitable place to puncture, because (1st) the posterior wall was thinner and more dependent; (2d), there seemed to be less danger of wounding branches of the hæmorrhoidal or other arteries—no pulsations having been noticed on this surface of the tumor; (3d, the discharge, if long continued, would be less disagreeable to the patient; and (4th), when spontaneous evacuation of the cyst takes place, it occurs more frequently, and with no less favorable results in this locality than in the vagina. *Similar motives, I imagine, ought to influence our judgment in almost all cases of retro-uterine hœmatocele, and, therefore, I would suggest that the rectum would be found the more convenient and safe space through which to penetrate these tumors.*"

The instrument recommended is a large sized trocar, "*such as is used for tapping ovarian cysts,*" and, as injecting these cysts cannot be considered beneficial, or, in all cases, safe, the canula may, generally, be removed, when the fluid ceases to flow through that tube. Puncture may be repeated many times, if necessary.

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[*] The cases collected by M. Voison offer more than one melancholy example of this unjustifiable delay in resorting to the only rational means of relief, namely—PUNCTURE.

American Medical Times.

SATURDAY, NOVEMBER 1, 1862.

THE WOUNDED AND THE AMBULANCES OF OUR ARMY.

Recent battles have given a percentage of killed and wounded fully equal to that of the great battle-fields of Europe. The terrible slaughter upon the Antietam even exceeded that of Waterloo; while the fields of Shiloh, Manassas, and the Chickahominy, have exceeded the rate of destruction at Solferino and Magenta. On the memorable seventeenth of September, at the Antietam, more than one-sixth of the total Union force actually engaged, was placed *hors du combat*, and like fate befell a still greater proportion of the rebel troops. But we will not multiply figures to impress the fact that the War for the Union, with all its delays, is really an earnest and sanguinary struggle. Every hamlet, and almost every family, both at the North and the South, mournfully testifies to the fact, that our brave volunteers have fought like veterans.

From every battle-field has come the report—doubly confirmed by medical officers and exhausted sufferers from wounds—of gross mismanagement and inefficiency of the Ambulance service, the lack of system and control of the ambulance force during battle; the inattention and brutality of the ambulance wagon-drivers, and the needless sufferings of wounded men subjected to the perilous consequences of the existing system, or rather the want of system in the ambulance service. The public ear is continually pained, and the popular heart lacerated by the narratives of individual suffering from the needless but inevitable neglect and brutality of the ambulance system of our army. We read in every village paper, such obituary notices as the following:

Died at one of the Hospitals near Washington, Sept. ——, John A. Noble, a youthful member of Duryea's Zoüaves (Fifth N. Y. Vols.), who was severely wounded at the battle of Bull Run; and having lain upon the field without surgical aid for five days, died from exhaustion and exposure.—*Richmond Co. Gazette.*

In the name of humanity we ask why this heroic Zouave and hundreds of his companions in arms were left thus to suffer the anguish of wounds and the torture of hunger and thirst five days in their gore upon the battle-field? The fact that the enemy ultimately held the field, affords no apology for such an event. Experience has repeatedly shown that it is practicable, by means of a well disciplined ambulance corps, to withdraw from the columns and immediately succor those who fall in martial conflicts. It is known that our enemy, though so often worsted or driven before the Union forces, has seldom left his wounded upon the field. Even in the great conflict upon the Antietam, where the enemy was steadily driven from his positions, his wounded were quickly and nearly all removed to his rear in the vicinity of the Potomac. Though nearly two thousand of those wounded ultimately fell into the hands of our army, only about five hundred of them had not been thus rescued by the humble *Corps d'Ambulance* of their own army. The organization of that corps we will notice hereafter. But it is not alone of the want of an ambulance corps on the field that we complain. In mercy's name, we protest against the barbarous and disorderly management of the ambulance trains, the brutal conduct of the wagon-drivers, and the unfitness of the existing system of field and general transportation of our wounded.

Though we are happy to know that upon the great field of Antietam there was better management of the ambulance corps than at Manassas, still it was found impossible by the Chief Director, DR. LETTERMAN, and his subordinate Directors of Division, to give anything like satisfactory efficiency to the work of removal and immediate provisional care of the wounded. And then it was found that the medical and hospital supplies were detained at a depôt twenty-five miles distant, and no power of the Medical Department could procure or expedite their transportation to the field. Twenty-four hours after the battle the entire cargo of those supplies, amounting to fifty tons, was still unmoved, though requisition after requisition had vainly been made for their transportation, and a thousand army wagons were then loading with ordinary forage and commissary stores.

Without presuming to propose any scheme of our own for remedying these evils, facts justify us in concluding that the following circumstances seriously embarrass, and often foil the best efforts of medical officers in their plans for the care of wounded men on the field:—

1. The men ordinarily detailed to serve as an ambulance corps on the field, or to attend the ambulance trains, are seldom selected for their fitness, and they are untrained to the duties required.

2. The Medical Department is entirely dependent upon the Quartermaster of Transportation for all its transportation of supplies, not being allowed so much as an humble mule-train to bring forward its most urgent requisitions, if forage and other supplies are demanding transportation.

3. The *Military Orders* which have been promulgated respecting the ambulance service have been studiously neglected by the very authorities that issued them.

While we would urge the Medical Department to mature and present to Congress on its assembling, a proper plan for reforming this department of service, we implore our brethren in the field not to neglect any available measures for immediately improving this service, and providing for the exigencies of the present campaign. To this end it will doubtless be found practicable to procure the general observance of the leading provisions of the Order promulgated by Gen. McClellan the 2d of August last. [*General Order No.* 147, *Army of the Potomac.*] And in every Division of our army it certainly will be possible to adopt the simple plan that has been long in operation in the army of the enemy, which we are informed is this:—From each Regiment, Brigade, or Division, a given number of suitable men are selected and detailed to constitute a permanent Ambulance or Field Hospital Corps. When installed in this service and approved by the medical officers, they remain non-combatants, under special training, and ever ready for their assigned service with the columns in battles, with the ambulances, and in the temporary hospitals. In the latter situation these men are faithful to their duty, and our own surgeons can testify to their usefulness, and to the excellent results of their training.

By any means that may be available let the brave men who fall in battle be rescued and sent to the rear the hour they are wounded, and let every surgeon assume the responsibility of reporting and returning every vicious and unfit man who is detailed to the corps as an attendant or wagon driver, otherwise the brutal conduct that has been so faithfully described by DR. BOWDITCH in his "Trip to Chantilly" will be continually repeated. And, as a temporary expedient everywhere available against the risk of delay in supplies of the requisite medical and surgical appliances in battles, why should not corps or division Directors immediately provide themselves with a suitable outfit of pack-mules loaded with such supplies, as has already been ingeniously done by the Medical Director of the 12th *corps d'armée?* Let some effectual measures be adopted by each Director to prevent deficiency or delay of supplies at the hour when the skill and appliances of our art are most available to the wounded.

THE WEEK.

AT the last meeting of the Academy of Medicine notice was given of a motion to amend the Constitution. The alteration proposed was to strike out Section 3 of Art. V., which reads, "*No Fellow shall be eligible to the office of President for two successive terms.*" We are glad to see this proposed amendment, and hope it will be adopted. As the Constitution now stands it is arbitrary and unjust, debarring one member, and one only, from an equal privilege with the rest, when that member may be the best qualified for the office from which he is excluded. It is also an injustice to the Academy itself, as this body is forbidden electing to its principal office a member who may have proved himself by his services preeminently fitted for the position. It is no unjust reflection upon the individual members of this or any other scientific association to allege that a good presiding officer is rarely found in such bodies. It is but the part of wisdom, therefore, to allow the utmost latitude in the selection of this officer. Especially does it seem important that at any time a tried and acceptable President, about to close his official term, should be retained at the pleasure of the Academy, rather than that it should be compelled by an arbitrary rule to elect an untried successor. The Academy may, in this matter, well imitate the Historical Society, over which has presided during so many successive years with dignity, impartiality, and efficiency, its present honored President.

A recent article in the London *Psychycological Journal* conveyed the impression that Dr. I. Parigot, the eminent advocate of the free-air system of treating the insane, had abandoned that idea. In the last number of the *American Journal of Insanity*, Dr. Parigot denies positively this statement, and adds that it is yet to be the system of treatment in both hemispheres. Every one interested in the treatment of the insane will read the letter of Professor Lee (on another page of this paper) on the Colony of Fitz-James with great satisfaction. We trust the time is not distant when this most rational, humane, and Christian system will be fully adopted in this country.

The "Central Park Hospital" of this city is about to be opened for the reception of patients. It will be in charge of Dr. F. H. Hamilton, and will be devoted to soldiers who have suffered amputation, and who are to be supplied with artificial limbs by Government. We learn also that Dr. E. D. Hudson, the manufacturer of what is known as "Palmer's Leg," has been appointed to furnish and adjust this limb to the soldiers entitled to this gratuity in the vicinity of New York. It is truly gratifying to have the merits of a qualified medical man, devoted to mechanical surgery, recognised by the highest authority, and so generously patronized.

The *Pacific Medical and Surgical Journal* has passed into the hands of V. J. Fourgeaud, M.D., of San Francisco, Cal. Dr. F. is very well known to the profession by his monograph on diphtheria. This Journal has frequently changed its Editorial management within the last year or two, but it has continued its regular issues. We hope its pecuniary success will prove satisfactory to its proprietors and insure its permanency.

In the Editorial article of the last number, two errors occur which need correction. At the close of the first paragraph, the word "*church*" should read "*bench.*" In the next paragraph, the sentence—"And no physician of an Asylum can rely on legal affidavits, when he admits a patient into a lunatic ward," Should read—"and no physician of an Asylum can dispense with legal affidavits," etc.

Correspondence.

THE NEW USE FOR TOBACCO.

[To the Editor of the American Medical Times.]

Sir:—In the communication in a recent issue, under the signature of Cygnet, I find some remarks upon the subject of tobacco which invite comment. M. Demeaux, a physician of reliability, thinks he has discovered a new use for this drug, and with the true spirit of a philanthropist promulgates his views to the world. But for this he is ridiculed by his brother savans, who only show their prejudices against the employment of the weed by the short-sighted objections which they raise against it. Now, if M. Demeaux be not mistaken in regard to the antiphrodisiac properties of tobacco, a great amount of good can be done to the countless victims of masturbation. And pray, why are not his observations entitled to respect? Why should the door be closed against all further discussion and investigation into this subject, simply because Rayer, Flourens, Velpeau, or Dumas hold to different opinions. The most amusing argument against Demeaux's belief is that offered by Dumas. He says: "Why attribute the improvement in humanity to tobacco, rather than to sugar, meats, or wines, the consumption of which has augmented quite as largely as that of tobacco?" We would ask, what analogy do any of these articles, in their effects, bear to tobacco? It is too well known that tobacco acts almost wholly upon the nervous system, and that, in those accustomed to its moderate use, the first effect is decidedly sedative. Now, none of the other articles, except wine, have any direct action upon the nervous system, and that is generally conceded to be a stimulant to venery. Theory would seem to bear out Demeaux's statement. Those of an excitable nervous system, and who are most generally addicted to masturbation, require something to properly balance their nervous forces, and we have a right to expect that tobacco has, in its soothing, sedative, and stimulating effect, a tendency to do this. One vice, it is true, will be substituted for another, but which one is the greatest? We see it advised that one preventive against masturbation is a constant occupation of the mind. Our schoolboys and students must have some leisure time, which must be occupied in some way or another. Smoking is a habit which most desire to enjoy, and in order to get the full benefits of its effects they are content for the time being to do nothing else. The vacuum which craves for some sort of gratification of appetite is thus filled to satisfaction. I wish not to be understood as advocating the indiscriminate use of tobacco, because all of our young men are not addicted to onanism; but I am in favor, on theoretical grounds, of inviting on behalf of M. Demeaux, a fair trial of it in the cases for which he recommends it. It would be an interesting fact to establish in reference to this question, whether masturbation prevails less than formerly among the females—if so, it would certainly be an argument against the use of tobacco as a remedy. Cygnet, alluding to the fact that Demeaux's views have been treated with significant apathy by his colleagues, says: "I should array my pen against such insult, did M. Demeaux only explain *how* the smoking of tobacco cures onanism. He describes a remedy, tells the benign result, but makes no allusion to the *modus operandi* whereby the result arrives." Now, I would ask if Cygnet, in his practice, only prescribes those remedies whose method of action he can explain. If so, the domain of his therapeutics must be as cramped as his logic. Take for example, opium—does Cygnet doubt the effect of a dose of this drug—but will he attempt to explain to the satisfaction of all, why the narcotic effect is produced? The suggestion of M. Demeaux, in my opinion, is entitled to respect, if for no other reason than that he has shown a disposition to investigate a question in therapeutics, which, so far as I know to the contrary, is an entirely new one. He has commenced his investigation in a truly legitimate way by a study of statistics, and we have no right to deny the truth of his statements until we have looked into the matter a little more fully. The science of medicine is a progressive one, improvements must necessarily be made in every department, and who can now pretend to say that tobacco may not be almost as effectual a remedy for masturbation, as chloroform has proved itself to be for pain, quinine for ague, or mercury for syphilis. It strikes me that this is a subject worthy of the investigation of our army surgeons.

Yours, etc.
Rectus.

New York, Sept. 23, 1862.

JUBILATION IN THE LAUNDRY.

[To the Editor of the American Medical Times.]

Sir:—Some time ago you noticed several recent valuable improvements in matters of household labor. You also alluded to others designed to promote indoor as well as outdoor exercise, especially of young females, who, by the conventionalities of society, are excluded from many of those health-inspiring games which the other sex so freely partake of, to their decided advantage both in youth and age. It is evident to every observant practitioner that there is a vast discrepancy between the sons and daughters among his patients, in their strength of muscle, their firmness of nerve, and the peculiarities of their bodily and mental disorders—a discrepancy which is exaggerated beyond all necessity, except from the cause above mentioned, at least up to the period of womanhood and child-bearing; and we cannot doubt that even the trials of maternity are made more severe and less endurable by the very faulty physical education of early life. It is said that "necessity is the mother of invention," and it may be on this principle that human ingenuity has of late been busy with efforts to loosen the bonds which society has thrown around the physical development of our feminines, and by the parlor skates and other similar improvements entice them to what nature impels but fashion forbids—*exercise*.

But, as true physicians, our concern is not alone with the occupants of the drawing-room, but the more humble and laborious denizens of the kitchen and laundry are entitled to our professional consideration, especially in whatever relates to the prevention of sickness, of which they are the least able to endure either the physical or the pecuniary burdens. There is no need to provide them with incentives to exercise; but there is necessity to alleviate the pressure of their daily toil. It is therefore with no little gratification that we advert to the improvements recently made in the facilities for that most disagreeable and laborious, yet most essential to personal health, of all household duties—*clothes washing*.

Although we are yet unprovided with an invention fully capable of entirely relieving severe hand-labor in this branch of household work, yet we have noticed several different aims to this purpose which afford the hope of a more complete success ere long. With one or two exceptions, all the hand washing-machines have one principle of action, viz. imitation of the knuckle-rubbing operation; the fault of all appears to be their inability to cleanse thoroughly very dirty clothing.

He would confer a great blessing upon all laundry maids, who would give them an apparatus to enable them to avoid their now severe bodily exertions, keep their hands out of the hot soapsuds, and the hot soapsuds out of their lungs, at the same time thoroughly purifying the household linen and wearing apparel.

A jubilation in the laundry has, however, been produced by the introduction into that department of an instrument for the relief of its inmates from the severe drudgery and exhausting labor required in wringing the clothes. It is now possible for a washwoman of a slender frame and weak arms and chest, to accomplish her task with comparative ease. Wringing of the clothes, after washing them, is the severest and most exhausting service required of her, but of this she is now entirely relieved. The portion of the task which may have required two hours can now be performed in fifteen minutes. And this may be done with no more expenditure of muscle than grinding coffee for breakfast, and without the least fear of injury to the fabric of the clothing. G.

INFANTS WITH TEETH AT BIRTH.

[To the Editor of the American Medical Times.]

Sir:—In the lying-in wards of Bellevue there are now two infants under my care who were born with teeth, viz. William Hoffman, sixth child, weight at birth six and one-half pounds, puny, fully developed; right middle incisor in lower jaw well formed and protruded, but placed athwart the jaw.

Annie Morse, first child, weighed at birth seven pounds, fully developed; two middle incisors in the lower jaw, both well formed, but loose; right incisor set obliquely in the alveolar process.

Yours, etc.,
Geo. T. Elliot, Jr.,
Physician to Bellevue Hospital.

18 West 29th St., Oct. 25, 1862.

FOREIGN CORRESPONDENCE.

LETTER XV.

By PROF. CHARLES A. LEE.

COLONY OF FITZ-JAMES.

Clermont, Department of Oise, France,
August 21, 1862.

This beautiful village is situated some fifty miles north of Paris, in the Department of Oise, in one of the finest and most productive agricultural regions of France. It is now in the midst of the wheat harvest, and more than one half of the whole territory between this and Paris is covered by one of the heaviest crops of this cereal ever known in the kingdom. It is also a very fruitful wine-growing region, some of the finest champagne being produced in this vicinity.

My object in visiting this place has been to examine the private insane asylum of the brothers Labitte, and the famous "Colony of Fitz-James" connected with it. The private asylum was founded some thirty years ago, by the father of the present proprietors, but the "Colony" dates only from the year 1847. As it is the only institution of the kind in France, and established, as it seems to me, on a correct principle, namely, that employment, and especially *agricultural labor*, is not only one of the most successful modes of treatment of the insane, but also the most advantageous in an economical point of view, I trust that some account of the establishment may prove acceptable to your readers. In the year above named, the institution was organized by one of the brothers taking the general charge or superintendence; another took charge of the agricultural department; a third of the medical treatment of the males; while Dr. Woillez attended to the medical management of the females. This arrangement continued until 1850, when Dr. Gustavus Labitte assumed the entire management, aided by Dr. Pain, an adjunct physician, two internes, or house-physicians, and an apothecary. At first, about ninety acres of land were cultivated in the immediate neighborhood of the asylum, on the border of the village. They soon, however, perceived that it would be more advantageous to have the farm at a greater distance from the asylum, so that the laboring class of patients would have no intercourse with the others, and their employment be better regulated.

To carry out this plan another large farm, of nearly five hundred acres, was purchased, about three-quarters of a mile from the village, but adjoining that already under cultivation; pleasantly located, perfectly healthy, and easy of access. To this farm forty strong and quiet male patients were removed, and this may be said to have been the commencement of the colony. The results of this experiment far exceeded the expectations of the proprietors, and very soon other buildings were found necessary to accommodate the increasing number of inmates. Improvements and additions have from time to time been made, till now a most complete and extensive establishment has been created, the entire means having been derived from the profits of the system of organized labor. For the last four years, during which the system has been fully and completely carried out, the most remarkable success has been witnessed; in all curable cases the most prompt amelioration has been observed; those who appeared indocile, untractable, and unable to perform any serviceable labor, have been found perfectly manageable and docile, and their mental restoration kept pace with the improvement in their bodily health, proving that agricultural labor is the true Hygeian fount. Male patients are transferred from the asylum to the colony, according to their condition, and if necessary, they are retransferred to the asylum, an event which rarely happens. This employment in the open air, in such kind of agricultural labor as seems best suited to the general strength and adaptation of the patient, *solves at last the restraint* or *non-restraint problem*, and shows conclusively that if there is a proper channel in which muscular and nervous energy may be exerted (and this is found to be the true one), it will not break out into anomalous, irregular, and violent manifestations. This is the channel originally opened by Omnipotent Wisdom for the disordered race of fallen man. The idea of constraint and confinement does not even enter the mind of these apparently happy and contented laborers. They mingle freely in each other's society, they enjoy the largest liberty, they talk, laugh, joke, in short, they act like other human beings, and as they would *not* act, if they were shut up in dark, padded rooms, confined by strait-jackets, strapped to their chairs, lashed to their beds, or held by their attendants. As I entered the main building, a smart rain drove a large number of the patients inside the walls for shelter, and I saw nothing in their looks or actions which distinguished them from the ordinary class of French peasants. They all had a cheerful, healthy look, and their conduct was every way proper. Who will not exclaim with me, as I left the place: Surely, every lunatic asylum should have its AGRICULTURAL COLONY? There may be difficulties in aristocratic communities, like those of England and our Southern States, where labor is deemed disgraceful, and idleness or amusements only honored; in such countries, where the wealthy madman is considered far better than the poor plebeian insane, and companionship with a humbler class something contaminating and degrading, we can hardly expect this system to be fully adopted, if attempted at all. Hence, in the private lunatic asylums of Great Britain we see nothing of the sort; the spade, the hoe and the shovel, the rake, the scythe, and the sickle, are strangers to such establishments; and if the camerrole, the handcuff, the strap, and the manacle are equally rare, there is the dark padded room, which restrains the whole body, if it leaves the hands and the legs free; and I have known patients in such establishments remain thus secluded and confined for days, months, and in one instance a year, without any human society whatever, who, I have no doubt, would have been speedily restored to health, mental and bodily, if subjected to the exercise, orderly discipline, and hygienic influence of systematized agricultural employment. And this is dignified by the appellation of the *no-restraint system*. This "Colony of Fitz-James" is so called from a village of the same name, and is about a mile and three-quarters from Clermont, in the beautiful valley of the Breche, which is here from ten to fifteen miles wide. About thirty-five acres are surrounded by the river Beronnelle and a wall, so that if any of the patients had a desire to escape, which rarely if ever happens, it would be found somewhat difficult; the greater part of the farm, however, is without any inclosure. The colony is divided into four sections, each perfectly distinct from the other, and having its particular destination. The *first section*, that of direction or superintendence, is occupied by the dwellings of the director and male pay patients. The *second* is the *farm* proper, where the colonists reside. The *third*, that of the *small chateau*, is devoted to the female pay patients; while the *fourth*, the section of *Becrel*, is occupied by the females employed in washing, and laundry. The total number of patients belonging to all the sections is 306. The *first section*, as I have stated, that of *direction*, comprises a dwelling of two stories, occupied by the director and the pay-patients, and commands a view, on one side of the farm and its dependencies, situated at the extremity of an extensive lawn, traversed by the river Beronnelle, near the village of Clermont and the valley of the Breche. On the opposite side, adjoining the meadow, is the *Becrel section* and the village of Fitz-James. The part of the dwelling devoted to the boarders, consists of a basement divided into billiard, sitting, and dining rooms, apartments for the overseer or superintendent, a saloon, which serves as a parlor, etc. On the second floor are twenty rooms for males. The patients who occupy this section are tranquil incurables and convalescents.

2. The *Second Section* comprises the farm-buildings and the dwellings of the colonists. The latter is entirely separated from the farms, and has a view on one side of the village of Clermont, the section of superintendence, and the valley of the Breche; and on the other, of the cultivated fields belonging to the farms. The ground floor is occupied by ample apartments for the physician, the kitchen and day-rooms; the second and third stories are divided into five extensive dormitories. This building has a spacious court, planted with trees and flowers, with a grass-plot in the centre. The farm buildings cover about five acres. There are extensive stables, in which I counted near thirty white farm horses of the large Boulognais breed; a large barn containing threshing and other agricultural machines, a mill for grinding wheat, etc., all operated by steam power; extensive and well arranged buildings for cattle, sheep, and swine, of which large numbers of the best breeds are always kept. For example, I counted forty-two very large and beautiful cows, a cross between the Durham and Flemish, famous for dairy purposes; about one hundred swine of the Berkshire and Suffolk breed, some from the late Prince Consort's model farm at Windsor, many of which had taken the first premium at different agricultural fairs in France. There are also well constructed abattoirs or slaughter-houses, in which I noticed two slaughtered fat oxen, six sheep, and two calves, which I was told was the daily allowance for the inhabitants of the asylum and colony. In the winter, swine are substituted for calves. These, with the extensive sheds for carriages, carts, agricultural instruments, tools, etc., make up the principal buildings. A Swiss cottage on the Beronnelle creek contains a hydraulic dam which distributes water over the farm for purposes of irrigation, and also carries a mill for making cider; near the engine-room are two extensive and well arranged bathing-rooms, with every convenience found in such establishments. I also visited wine and cider vaults, containing immense pipes, each holding many hogsheads of cider made on the premises. A liberal allowance of both these beverages, Dr. A. Labitte informed me, was allowed to the patients.

The section of the *Small Chateau*, appropriated to female pay-patients, is a country house situated at the extremity of the inclosure of the Colony bordering on the village of Fitz-James, and separated from the farm meadows by the small river Beronnelle. It commands a distant view of the farm, and the section of the superintendent. This section occupies about fifteen acres, which are appropriated to a lawn and park. The main building consists of a ground floor, containing a dining hall, a saloon, and three rooms for the overseer; while the second floor is divided into five apartments. Adjoining this building is a wing containing the kitchen, bathing-rooms, woodhouse, etc. The *Section Becrel* is also situated at the extremity of the inclosure of the colony, and commands a view of the section of the *Small Chateau*, the farm, and the sides of the valley of the Breche. It is now occupied by one hundred and seven females, who are all occupied in laundry, both for the asylum and the colony. It comprises building for the patients and the laundry; the former consisting of a ground floor divided into apartments for the superintendent, a promenade, a refectory for eighty-seven indigent patients, a saloon and dining-rooms for twenty pay patients, and a second story divided into three dormitories. The buildings devoted to the laundry are opposite the first, and are composed on the ground floor of a folding clothes room, two rooms for depositing foul clothes, a bathing-room, a wash-room, etc. The wash-room is so constructed, that a branch of the Beronnelle flows through it, thus constantly renewing the water in the reservoir, around which the washing is carried on, on the smooth slab inclining inwards, the females standing at their work. In drying, the clothes are first exposed to hot air, and afterwards to the open air. The buildings above named surround an open green-sodded court, planted with trees and flowers, and embracing two and a half acres.

In regard to the administrative and religious organization of the Colony, which is under the exclusive control of M. Auguste Labitte, it is of course dependent on that of the Clermont Asylum. M. Alexandre Labitte is the sub-director, having charge of the administrative service and the agricultural department. Under him, is one responsible employé, a superintendent of the sections of the pay-patients and the farm, a superintendent of the section of the Small Chateau, and one for that of Becrel; in short, all the personnel of the colony, which is composed of thirty-two men and thirteen women, thus classified:—8 domestics for the service of the section of direction for the farm; 7 conductors of detachments; 4 gardeners or keepers; 7 carmen or drivers; 2 cowherds; 1 shepherd, 1 miller, 1 butcher, 1 chief mechanic, 1 cook.

For the Section of the Small Chateau, four domestics are employed: *For that of Becrel*, 3 guardians or keepers, and 5 superintendents of the workshops. The Curate of Fitz James is the chaplain of the Colony. Both male and female patients attend religious service at the village church, there being no chapel connected with the establishment; a want which will doubtless be sooner or later supplied.

An internal, or house-physician, resides at the Colony, and sees to the carrying out the medical prescriptions. The physician in-chief makes a visit of two hours in the middle of the day. He orders all the changes or transfers from the asylum at Clermont to the colony, and *vice versâ*; he prescribes the kind of labor for each patient; in fine, the whole moral and disciplinary management of the entire colony. As changes are constantly occurring in the mental condition and bodily health of the patients, so these transfers are correspondingly frequent, and the colony is thus complementary to the asylum, whose inmates are always so numerous (now reaching over 1000) that those displacements can always be made without injury to the general organization. When a colonist is afflicted by a return of his disease, or an exacerbation, which requires special treatment and surveillance, he is immediately re-transferred to the asylum at Clermont. The Colony is thus only the rendezvous of the strong and docile, who quietly submit to the ordered regularity of the service.

The medical end in view is to surround the insane, as far as possible, with the customs and habits of social life; life in common, occupations always useful, liberty wisely restrained. All these circumstances must necessarily introduce among the colonists friendly and reciprocal relations, interest them in their labors, and inspire them with sentiments of personal consideration, which lead them to appreciate services of which they are capable, and banish from their minds every idea of seclusion and restraint. No physical restraints are permitted; every intractable patient is immediately sent back to the asylum; and this transfer is a punishment which they greatly dread, and of course seek to avoid.

(*To be Continued.*)

Army Medical Intelligence.

The following named gentlemen have been examined, approved, and appointed in the corps of Volunteer Surgeons, to date from October 4th, 1862.

To be Surgeons;—Dr. Henry S. Churchman, of Illinois; Dr. Paul B. Goddard, of Pennsylvania; Dr. D. Hayes Agnew, of Pennsylvania; Dr. Alpheus B. Crosby, of New Hampshire; Dr. Edward Shippen, of Pennsylvania; Dr. Joseph Hopkinson, of Pennsylvania; Dr. Henry A. Martin, of Massachusetts; Dr. John R. McClurg, of Pennsylvania; Dr. Barton Darrach, of Illinois; Dr. Clayton A. Cowgill, of Delaware; Dr. Zenas E. Bliss, of Michigan; Dr. Bowman B. Breed, of Massachusetts; Dr. Sylvanus D. Freeman, of Pennsylvania; Dr. Israel Moses, of New York.

To be Assist. Surgeons:—Dr. William Moss, of Pennsylvania; Dr. John H. Brewer, of Maryland; Dr. George L. Sutton, of New York; Dr. Andrew H. Sheldon, of New York; Dr. George E. Pattee, of Canada; Dr. William Arthur Conover, of New Jersey; Dr. Andrew B. Chapin, of Michigan; Dr. Peter Cleary, of New York; Dr. Edward Dodd, of New York; Dr. Charles S. Frink, of Indiana; Dr. George A. Wheeler, of Maine; Dr. Sylvanus S. Mulford, of Indiana; Dr. Fred. A. Keffer, of Pennsylvania; Dr. Adolphus Majer, of Dist. of Columbia; Dr. Samuel B. Davis, of Kansas; Dr. Henry A. Parker, of Massachusetts; Dr. A. C. Van Duzen, of Missouri.

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Surgeon James McNulty, of the 1st Infantry, California Volunteers, in addition to his duties as Medical Director of the column from California, has been assigned to duty as Medical Inspector of the Department of New Mexico.

Surgeon D. O. Perry, 10th Maine Vols., has been discharged the service of the United States.

Assist. Surgeon Charles P. Russell, U.S.A., has been assigned to duty at Frederick, Md.

Medical Storekeeper Henry N. Rittenhouse, U.S.A., has arrived at Frederick, Md., and entered upon his duties in the Purveying Depôt.

Assist. Surgeon Joseph P. Wright, lately stationed at Jackson, Tenn., has arrived at Cairo, Ill., and entered upon the duties of Medical Purveyor.

Surgeon B. N. Comings, 13th Conn. Vols., Medical Purveyor at New Orleans, La., having been ordered away with his regiment, the duties of Purveyor have been assumed by Surgeon C. McCormick, U.S.A., Medical Director of Gen. Butler's command.

Surgeon B. J. D. Irwin, U.S.A., has arrived at Helena, Arkansas, and entered upon his duties as Medical Director of the Army of the South-West.

Assist. Surgeon Joseph S. Smith, U.S.A., has reported for duty at Fort Wood, Bedloe's Island, N. Y.

Assist. Surgeon S. H. Hornor, U.S.A., has returned from leave of absence and resumed his duties in the Patent Office Hospital.

Surgeon John E. Summers, U.S.A., has returned from leave of absence and resumed his duties in the General Hospitals at Alexandria, Va.

Assist. Surgeon B. Howard, U.S.A., has reported for duty to Maj. Gen. F. I. Porter, to relieve Assist. Surgeon Sam. Adams, U.S.A., who has been instructed to report to the Medical Director of the Army of the Potomac.

Assist. Surgeon Van Buren Hubbard, U.S.A., has been detailed as member of the Army Medical Board, now in session at Washington, D.C., for the examination of Surgeons and Assist. Surgeons of Volunteers, to relieve Surgeon J. H. Brinton, U. S. Vols.

Surgeon Basil Norris, U.S.A., just returned from a tour of duty in New Mexico, has been assigned to temporary duty in Philadelphia, as Inspector of Hospitals.

Surgeon C. K. Hughes, 37th Ohio Vols., has relieved Dr. J. F. White, in charge of the Greenup St. Hospital at Cincinnati; Dr. White having been assigned to the West End Hospital.

Assist. Surgeon Musgrave has reported for duty to Surgeon R. Murray, U.S.A., Medical Director of General Buell's Army.

Assist. Surgeon J. Minor, 42d Ohio Vols., has been relieved from duty at Covington, Ky., and ordered to join his regiment.

Dr. W. T. Brown has been assigned to duty in charge of the Marine Hospital at Cincinnati, O.

Surgeon W. W. Holmes, U. S. Vols., has been assigned to duty as Medical Director at the Headquarters of the District of Western Virginia, Gallipolis, O.

Surgeon John W. Hunt, U. S. Vols., is on leave of absence at East Groveland, N. Y.

Surgeon A. C. Hamlin, U. S. Vols., is in charge of the "Flying Hospital" attached to Sigel's corps.

Surgeon H. P. Stearns, U. S. Vols., has been transferred from Cairo, Ill., to Paducah, Ky.

Surgeon Jacob Bookee, U. S. Vols., lately Medical Director at Pensacola, Fla., has relieved Surgeon Comings, 13th Conn. Vols., in charge of the St. James Hospital at New Orleans, La.

Surgeon James Hatchitt, U. S. Vols., has been placed in charge of the General Hospitals at Perryville, Ky.

Surgeon J. C. Dalton, Jr., U. S. Vols., has arrived at New York, and entered upon the performance of the duties of Medical Director of Transportation.

Surgeon George W. Stipp, U. S. Vols., has relieved Surgeon Thomas Antisell, U. S. Vols., as Medical Director of the 12th Army Corps.

Surgeon Thomas W. Fry, U. S. Vols., late on sick leave, reports for duty from Crawfordsville, Ind.

Assist. Surgeon Samuel Adams, U.S.A., has been assigned to duty with the 1st U. S. Cavalry.

Surgeon Buckmaster, U. S. Vols., has been assigned to duty in charge of the General Hospital at Fort Scott, Kansas.

So much of orders as change the stations of Surgeons A. K. Smith, G. E. Cooper, and Robert Murray, U.S.A., has been suspended.

Assist. Surgeon J. H. Wythes, U. S. Vols., is on duty at the camp of "Exchanged and paroled prisoners," near Alexandria, Va. There are 4000 men in the camp, of whom 150 are on sick report.

Assist. Surgeon S. M. Horton, U.S.A., has been assigned to duty in charge of the Floating Hospital "Nashville," at Columbus, Ky.

Surgeon G. H. Hubbard, U. S. Vols., has been directed to report for duty in St. Louis. He has been for a long time in charge of the hospitals at Paducah, Ky.

General Hospitals under charge of Surgeon J. J. Milhau, U.S.A., at Frederick, Md.

No. 1. Assist. Surgeon R. F. Weir, U.S.A. United States Barracks.

No. 2. Assist. Surgeon I. F. Brinton, U.S.A. U. S. Hotel, City Hotel, Jail St. Schoolhouse.

No. 3. Assist. Surgeon J. H. Bill, U.S.A. New Episcopal Church, Presbyterian Church, Old Episcopal Church, German Reformed Church, Methodist Protestant Church, Bonsall's Academy, Coppersmith's Building.

No. 4. Surgeon J. H. Thurston, U. S. Vols. Methodist Church, Winchester's Seminary, Lutheran Church.

No. 5. Surgeon H. S. Hewit, U. S. Vols. Novitiate, Convent.

No. 6. Surgeon I. B. Lewis, U. S. Vols. Upper School House, Bethel Church.

No. 7. Assist. Surgeon C. I. Wilson, U. S. A., Bowling Saloon, Tannery.

No. 8. Camp "A." Assist. Surgeon Notson, U.S.A. Camp near Alms-House.

No. 9. Camp "B." Surgeon T. B. Reed, U. S. Vols. Camp on Shookstown road.

Second Assist. Surgeons.—The 3d section of an "Act to provide additional Medical Officers for the Volunteer Service" provides that instead of one Assist. Surgeon, as provided by the 2d section of the Act of July 22, 1861, each Regiment of Volunteers in the service of the United States shall have two Assist. Surgeons.

The Governors of some of the States have, in appointing the additional Assist. Surgeons, commissioned some as 1st Assist. Surgeons and others as 2d Assist. Surgeons, thus creating two grades (as in the case of First and Second Lieutenants) not allowed by law or recognised by regulation. This has led already to some trouble, the 1st Assist. Surgeons claiming rank, pay, etc., as Captains, and this is not the worst; they also claim seniority over the 2d Assist. Surgeons, which is a grave error, as both being of the same grade, they must take precedence according to date of commission.

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MEDICAL DEPARTMENT OF THE WEST.

The following letter from Wm. Goodsmith, published in the *St. Louis Republican* of the 14th inst., speaks for itself, and is another proof of the ability with which the "Medical Department of the West" is administered by its chief, Assistant Surgeon-General R. C. Wood; and shows how much the medical service in the West has been improved since its establishment.

Corinth (Miss.), *Oct.* 6, 1862—12 P.M.

Hon. Mark Skinner, *President Sanitary Commission:*

Dear Sir:—I arrived here this morning about 12 o'clock, and have been busy all day, and up to this time, taking the names of the wounded. I was compelled to go from bed to bed. Our loss is about 750 killed and wounded; that of the enemy many times greater—nearer 3,000 than 2,000. This is the statement of the Medical Director, Dr. Holstein, made to me this afternoon, and it is corroborated by every one; and consequently I have great faith in its correctness. I can see through the hospitals that the secesh greatly outnumber the Union wounded. As usual there are horrible sights, but more among the enemy than among ours.

Our wounded, as a general thing, are much less severely hurt than they were at Iuka, while the enemy's are the other way. I send you a partial list, with the exception of the Second Iowa, which is accurate and complete. If you should find a name entered twice, you will understand the great difficulty of procuring such information, especially when I tell you my list will be used to make out the morning report. The telegraph will have informed you before this of the particulars of the fight.

There was a tolerable supply of hospital stores on hand, and our wounded have not suffered; in fact, *it is generally admitted that they are more comfortable than they have been after any battle in the West.* It is intended to occupy the Seminary Hospital again, which had to be abandoned, as it was within range of the artillery. It will be something of a job, as there are near 4,500 sick and wounded in tents out towards Iuka, one and a half miles from town.

Medical News.

New York Ophthalmic School.—Dr. Mark Stephenson delivered the Introductory to the *Eleventh Session* of the above school, on diseases, treatment, and operations on the eye, at the New York Ophthalmic Hospital, corner of 4th Avenue and 28th street, Oct. 24th, to a large and intelligent audience, composed of physicians and medical pupils from each of the medical colleges in the city. They were welcomed to the Hospital by the Lecturer, who stated to them the Institution was in a highly prosperous condition, giving relief to about 1000 patients per annum for the last ten years; and, according to the printed catalogue, it appears that over 300 pupils have graduated at the New York Ophthalmic School since its organization, 85 of whom were physicians, who had been several years in practice. He also estimated that half as many more had visited the Hospital from time to time, and attended the cliniques, who were not members of the Ophthalmic class.

He contrasted the treatment of diseases of the eye in former times with the enlightened methods of the present day, proving clearly that no department of medicine had made greater strides in modern times than ophthalmic medicine and surgery; he endeavored to impress upon his hearers the importance of attending to this department of the profession, especially these who intend practising in the country where adequate counsel is difficult to be obtained, hence the importance of their availing themselves of the advantages to be derived from attending the cliniques and lectures of an ophthalmic school. This branch of surgery should no longer be suffered to fall into the hands of empirics and charlatans, to the disgrace of our regular practitioners. Let this stigma be wiped from the profession. Every medical man, claiming to be an accomplished physician, should be acquainted with ophthalmic surgery.

He said: "Finally, gentlemen, think nobly of your profession. Remember that its end is beneficent, its studies *ennobling* and *elevating*, its ministration an exercise of your best faculties. To excel in it is worthy of all your aspirations and energies, but requiring mental and moral discipline, patient and persevering labor. Make of your difficulties a school in which strength of character may be tried."

The American Dental Convention.—The eighth annual meeting of this Convention was held at Trenton Falls, N. Y., commencing on the 5th of August, and continuing four days. It was largely attended, and its proceedings were animated and of an interesting character.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 20th day of October to the 27th day of October, 1862.

Deaths.—Men, 72; women, 72; boys, 106; girls, 90; total, 340. Adults, 144; children, 196; males, 178; females, 162; colored, 4. Infants under two years of age, 145. Children born of native parents, 11; foreign, 145.

Among the causes of death we notice:—Apoplexy, 2; infantile convulsions, 25; croup, 18; diphtheria, 12; scarlet fever, 4; typhus and typhoid fevers, 9; consumption, 58; small-pox, 2; measles, 0; dropsy of head, 9; infantile marasmus, 29; cholera infantum, 18; inflammation of brain, 2; of bowels, 6; of lungs, 10; bronchitis, 4; congestion of brain, 6; of lungs, 9; erysipelas, 0; diarrhœa and dysentery, 17. 171 deaths occurred from acute diseases, and 36 from violent causes. 227 were native, and 113 foreign; of whom 86 came from Ireland; 33 died in the City Charities; of whom 10 were in Bellevue Hospital, and 2 died in the Immigrant Institution.

Abstract of the Atmospherical Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Oct. 1862	Barometer. Mean height.	Barometer. Daily range.	Temperature. Mean	Temperature. Min.	Temperature. Max.	Difference of dry and wet bulb. Thrm. Mean	Difference of dry and wet bulb. Thrm. Max.	Wind.	Mean amount of cloud.	Humidity Sat'tion, 1000
	In.	In.	°	°	°	°	°			
19th.	30.18	.34	56	50	63	7	11	S.E to N.E	1.4	590
20th.	30.00	.24	46	40	54	9	13	N.W.	.08	480
21st.	29.84	.41	51	39	63	7	11	N. to S.	4	570
22d.	29.60	.30	51	46	57	9	13	S.W.	4	514
23d.	29.17	.40	46	40	52	9	14	N.W	.04	480
24th.	29.37	.20	47	36	58	7	10	S.E.	2	610
25th.	29.17	.22	55	45	64	5	10	S.W.	6	726

REMARKS.—19th, Fine day max. Barom. 30.24 A.M. fell P.M. to 29.64, rain storm from seven to eight P.M. 20th, Clear; fresh wind all day. 21st, N.W. early A.M.; S. at sunrise; fresh all day; clear A.M., variable afternoon; cloudy eve. 22d, Fresh wind; variable; very low, barometer. 23d, Fresh wind all day, clear. 24th, Fine; very high, barometer. 25th, Very damp early A.M., variable sky all day. Rain fall one-third of an inch.

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SPECIAL NOTICES.

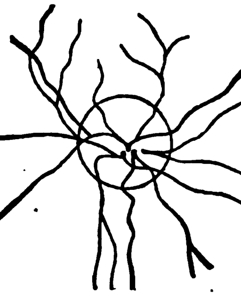
NEW YORK ACADEMY OF MEDICINE.—*The "Therapeutics of Albuminuria" will be presented by* DR. JOSEPH M. SMITH, *on Wednesday, 5th November. After which, the paper of* DR. CLARK *on Albuminuria in all its connexions and relations, will be taken up for discussion and remark.*

NEW YORK COUNTY MEDICAL SOCIETY.—*A select meeting of this Society will be held at the College of Physicians and Surgeons, corner of Twenty-third street and Fourth Avenue, on Monday next, November 3d, at eight o'clock P.M.*

A paper will be read by DR. WM. H. THOMSON, *on some original* Medical Observations in the Inspection of 9000 Recruits.

American Journal of Ophthalmology

JULIUS HOMBERGER, M.D., EDITOR.



No. 2, for September, just published.

Subscription Price for one year (six numbers), $2.00; sample numbers free.

BAILLIERE BROTHERS,
440 Broadway, New York.

Diagrams of the Nerves of the Human Body, exhibiting their Origin, Divisions, and Connexions, with their Distribution to the Various Regions of the Cutaneous Surface and to all the Muscles, by W. H. Flower, M.D. Folio. London, 1861. $5.60.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

New England Mutual Life Ins. Co., BOSTON AND NEW YORK, ORGANIZED 1843. **ASSETS, $2,350,000.** Documents showing the benefits of Life Insurance with the advantages of the Mutual plan, and the superior position and marked success of this Co., and explaining the different kinds of Policies with their methods of payment, may be obtained free of expense, upon application, either personally or by mail, to JOHN HOPPER, Agent and Attorney for the Co., Metropolitan Bank Building, 110 Broadway, New York. ☞ *Parties at a distance may insure from Blanks, which will be forwarded free of expense.*

New York Eye Infirmary,

2D AVENUE AND 18TH STREET.

LECTURES for the coming winter will begin on WEDNESDAY, OCTOBER 22d. The Course will be made a complete resumé of

OPHTHALMIC MEDICINE AND SURGERY.

Lectures will be held on

MONDAY, WEDNESDAY, AND FRIDAY,

BY DRS. C. R. AGNEW, AND HENRY D. NOYES.

The means of illustration by colored plates, optical apparatus, and morbid specimens, are ample.

The surgeons have concluded to issue a diploma to those who attend the Lectures and can pass a satisfactory examination.

Fee for Lectures, ...	$10.00
Diploma Fee, ...	5.00

DEMONSTRATIONS OF THE

INTERNAL DISEASES OF THE EYE,

WITH THE OPHTHALMOSCOPE,

will be made during the Lectures, while a more complete acquaintance with these diseases can be had in a private class with Dr. Noyes.

THE CLINIQUES OF THE INFIRMARY,

ON MONDAY, WEDNESDAY, AND FRIDAY,

are free to all medical men and students. More than 5,000 patients are treated annually.

Dr. Churchill's Hypophosphites.

PREVENTION AND CURE OF CONSUMPTION

A supply of these important medicines,

SYRUP OF HYPOPHOSPHITE OF SODA,
SYPUP OF HYPOPHOSPHITE OF LIME,
PILLS OF HYPOPHOSPHITE OF QUININE,
PILLS OF HYPOPHOSPHITE OF MANGANESE,

has arrived from Paris with directions for use. Persons suffering from chest affections can now procure the above preparations genuine, as used by Dr. Churchill from the following agents in America.

Messrs. Hegeman & Co., Broadway, New York, Mr. F. Brown, corner of Fifth and Chestnut Streets, Philadelphia; Messrs. T. Metcalfe & Co., Boston; Messrs. J. T. Brown & Sons, 425 Washington Street, Boston.

Wholesale orders to be addressed to H. H. SWANN, Pharmacien, 12 rue Castiglione, Paris.

To the Medical Profession.—Dr. I. Parigot has changed his residence and is prepared to receive a very limited number of patients in his country house at Hastings, on the Hudson; he can be consulted in town at Dr. Douglas' Office, No. 12 Clinton Place, on Tuesdays and Saturdays, for Nervous Diseases and Medico-Legal questions.

The original "Elixir of Calisaya BARK."—This elegant and valuable medicinal preparation was introduced to the notice of the Faculty of this city in 1830, by *J. Milhau, the sole Inventor and Manufacturer*, at which date none of those numerous firms were in existence, who, rather than give a new name to a new article, have found it more convenient within a few years to appropriate the above extensively and favorably known title: it is therefore presumable that physicians in prescribing, as for over thirty years, have reference solely to the *original article* made by

J. MILHAU & SON,

Wholesale Druggists and Pharmaceutists, 183 Broadway, N. Y.

Sole agents for FRENCH ARTIFICIAL EYES, have always a large assortment on hand, and will furnish to order a single eye, of any desired pattern, in thirty days. Agents for the majority of, and importers of all the French medicines in vogue.

On Urine, Urinary Deposits, and CALCULI: Their Microscopical and Chemical Examination, including the Chemical and Microscopical Apparatus required, and Tables for the Practical Examination of the Urine in Health and Disease; by Lionel S. Beale, M.D. Illustrated with numerous original Wood Engravings. Post 8vo. London, 1861. Price $3.40.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Clinical Essays, by B. W. Richardson, M.D. 8vo. London, 1862. $2.60.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

University of Buffalo. Medical Department.—Session 1862–63.

The Annual Course of Lectures in this Institution commences on the First Wednesday in November, and continues sixteen weeks. The dissecting room will be opened on the Second Wednesday in October.

Clinical Lectures at the Buffalo Hospital throughout the entire terms by Professors Moore and Rochester.

CHARLES B. COVENTRY, M.D., Emeritus Professor of Physiology and Medical Jurisprudence.
CHARLES A. LEE, M.D., Professor of Materia Medica.
JAMES P. WHITE, M.D., Professor of Obstetrics and Diseases of Women and Children.
GEORGE HADLEY, M.D., Professor of Chemistry and Pharmacy.
THOMAS F. ROCHESTER, M.D., Professor of the Principles and Practice of Medicine and Clinical Medicine.
EDWARD M. MOORE, M.D., Professor of the Principles and Practice of Surgery and Clinical Surgery.
SANDFORD EASTMAN, M.D., Professor of Anatomy.
JOSHUA R. LOTHROP, M.D., Lecturer on Materia Medica.
WILLIAM H. MASON, M.D., Professor of Physiology and Microscopical Anatomy.
SAMUEL W. WETMORE, M.D., Demonstrator of Anatomy.

The fees for the tickets of all the professors, inclusive of the hospital ticket, amount to $70; matriculation fee (annually) $5.

Students who have attended a full course of Lectures in this or any other institution, will be received on payment of $50. The fee for those who have attended two courses elsewhere is $25.

Graduation fee $20. Demonstrator's fee $5.

SANDFORD EASTMAN, M.D., *Dean of the Faculty.*
Buffalo, *Sept.* 1862.

Medical College of Ohio.—Session of 1862–3.

The regular course of instruction in the Medical College of Ohio will open on Monday, the 3d day of November, and continue four months. Preliminary lectures will be delivered during the month of October, embracing chiefly clinics at the Hospitals and College Dispensary.

FACULTY.

L. M. LAWSON, M.D., Professor of the Institutes and Practice of Medicine.
GEO. C. BLACKMAN, M.D., Professor of Surgery
W. W. DAWSON, M.D., Professor of Anatomy and Physiology.
M. B. WRIGHT, M.D., Professor of Obstetrics and Diseases of Women and Children.
JAMES GRAHAM, M.D., Professor of Materia Medica and Therapeutics.
NELSON SAYLER, A.M., L.L.B., Professor of Chemistry.
J. H. BUCKNER, M.D., Demonstrator of Anatomy.

FEES.

Tickets of the Professors, each	$10 00
Matriculation Ticket	5 00
Dissecting Ticket	5 00
Hospital Ticket	5 00
Graduation Fee	25 00

Students have the privilege of taking any number of tickets which may suit their purposes. The Dissecting and Hospital tickets are optional.

Boarding can be obtained from $2.50 to 3.00.

Students on arriving in the city will be aided in procuring boarding houses by applying at the College, on the south side of Sixth street, between Vine and Race streets.

Further information may be obtained by addressing the Dean.

L. M. LAWSON, M.D., Dean,
S. E. Cor. of Sixth and Race Sts.
Cincinnati, Aug., 1862.

College of Physicians and Surgeons.

MEDICAL DEPARTMENT OF COLUMBIA COLLEGE.

Corner of Twenty-third Street and Fourth Avenue, New York.
Session of 1862–3.

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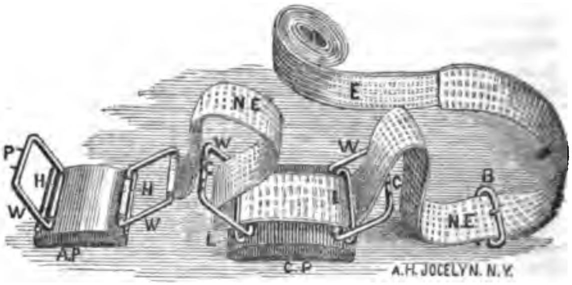

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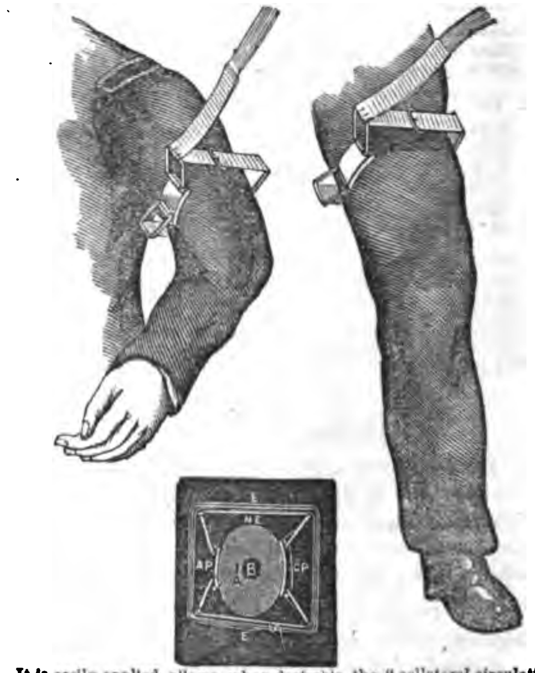

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Original Lectures.

LECTURES
ON THE
DIAGNOSIS OF DISEASES OF THE HEART.
DELIVERED AT THE
BELLEVUE HOSPITAL MEDICAL COLLEGE DURING THE PRELIMINARY TERM.
Session 1862–63.

By AUSTIN FLINT, M.D.

PROFESSOR OF THE PRINCIPLES AND PRACTICE OF MEDICINE.

LECTURE V.

Diagnosis of Aortic Lesions.—Discrimination of the Aortic Direct from the Mitral Regurgitant Murmur.—Pathological Import of the Aortic Direct Murmur; of the Aortic Regurgitant Murmur.—Association of the Aortic Direct and the Aortic Regurgitant Murmur.—Diagnostic Symptoms of Aortic Lesions.—Palpitation.—Pain.—Paroxysm of Distress, with Liability to Sudden Death.—Pulse.—Visible Movements of Arteries.—Dyspnœa.—Combination of Aortic and Mitral Lesions.—Means of Determining the Co-existence of an Aortic Direct and of a Mitral Regurgitant Murmur.—Intra-Ventricular Murmur.—Tricuspid and Pulmonic Valvular Lesions.—Tricuspid and Pulmonic Murmurs.—Symptoms of these Lesions.

Gentlemen:—In my last lecture I considered the signs and symptoms which are diagnostic of valvular lesions seated at the mitral orifice; we are now to consider the diagnosis of aortic lesions. These lesions, like the mitral, may be obstructive or regurgitant, or both obstructive and regurgitant; or, lastly, neither obstructive nor regurgitant, in other words innocuous. Here is a recent morbid specimen illustrating lesions affecting the aortic valves, so as to involve both obstruction and regurgitation. The valvular segments are shrunken and rendered rigid by calcareous deposit. You see, at once, that the orifice is contracted and patescent. I shall call your attention, presently, to the changes as regards the walls and cavities of the organ in this specimen, with reference especially to diagnostic symptoms. Here is another recent specimen in which the morbid appearances consist of a little atheromatous and calcarous deposit on and above the aortic segments. The orifice in this specimen is not contracted, and the valve is not incompetent to fulfil its function.

The existence of aortic lesions is shown by the presence of either or both of the aortic murmurs, viz. the aortic direct and the aortic regurgitant murmurs. The aortic direct murmur has the same relation to the heart-sounds as the mitral regurgitant, that is, it occurs with the first sound of the heart; it is a systolic murmur. Now, how are these two murmurs to be discriminated? The mitral regurgitant, as we have seen, has its maximum of intensity at or near the apex of the heart; it is best transmitted in a lateral direction to the left of the heart, and it is not propagated into the carotids. On the other hand, the aortic direct murmur has its maximum of intensity at the base of the heart, usually, indeed, a little above the base, in the second intercostal space; it is better transmitted in an upward than in a downward direction, being louder at the top of the chest than over the heart's apex, very rarely loud enough to be heard over the left lateral surface of the chest, and it is usually heard in the neck over the carotids. These differential points will suffice for the discrimination in the great majority of cases. They must be distinctly understood, and so impressed on the memory as to be recalled without effort, in order to be readily available at the bedside; but the points are so few and simple, that this will require but a little effort on the part of the student.

An aortic direct murmur is almost invariably present if obstructive aortic lesions exist. Its absence, under these circumstances, arises from weakness of the left ventricle, and it is very rarely the case that the aortic direct current is too feeble for the production of a murmur. But lesions which are not obstructive, which merely occur on a roughened surface, and, as regards their immediate importance, are innocuous, also give rise to this murmur; and the murmur, in the latter case, may be not less, but even more intense, than in the cases in which the lesions are important. The intensity of the murmur, and its quality of softness or roughness, have no significance as regards the gravity of the lesions. I shall presently call your attention to means, other than the characters of the murmur, by which the gravity of existing lesions may be determined. Moreover, an aortic direct murmur, as we shall presently see, occurs without the existence of any lesions, being due to a morbid condition of the blood; and the means of determining whether the murmur be due to lesions or not, will hereafter be a point for consideration. Suffice it to repeat, that aortic lesions, whether more or less grave, are almost invariably represented by an aortic direct murmur, and hence, the absence of this murmur is, in general, adequate proof of the non-existence of lesions at this orifice.

Lesions at this orifice which involve insufficiency of the valve, usually give rise to the aortic regurgitant murmur. This murmur accompanies the second sound of the heart. It is, strictly speaking, the only truly diastolic murmur, and hence need never be confounded with the other murmurs. It may generally be heard above the base of the heart, in the second intercostal space, especially on the right side; but its maximum of intensity is lower than this, near the left margin of the sternum, on a level with the fourth rib. It is propagated downwards rather than upwards, and is not unfrequently heard as low as the ensiform cartilage; sometimes it is propagated as low as the umbilicus. Not unfrequently it is heard over the apex. The murmur is usually soft and low in pitch. This murmur denotes the fact of regurgitation, but its significance is limited to this fact; it does not afford information as to the amount of regurgitation, or, in other words, the extent to which the aortic segments are incompetent.

The aortic direct and aortic regurgitant murmur are frequently associated. These two murmurs, of course, succeed each other precisely like the two sounds of the heart; they have the same rhythm. There is some liability of confounding these murmurs, when associated, with exocardial murmurs, or friction sound. The means of making the discrimination will be considered in connexion with the latter.

So much for the signs of aortic lesions. Let us now direct our attention to the diagnostic symptoms. In order to understand them, we must take into view the effects of aortic lesions on the heart. These effects are illustrated in the morbid specimen before me. You perceive that in this specimen the left ventricle is hypertrophied and dilated. The first effect of aortic lesions, whether obstructive or regurgitant, or both combined, is upon the left ventricle. It becomes, first, hypertrophied, and afterwards dilated. Next, the left auricle undergoes enlargement, and at length, if life be sufficiently prolonged, the right side of the heart becomes enlarged; but the enlargement of the right side of the heart, as a rule, is less than in cases of lesions seated at the mitral orifice. You perceive that, in this specimen, the increased size of the heart is chiefly due to the enlargement of the left ventricle.

Palpitation is a more prominent symptom in cases of aortic, than in cases of mitral, lesions. The heart acts with greater power, owing to the fact that the hypertrophy which results from the lesions affects especially the left ventricle. The patient is much more apt to complain of a powerful beating of the heart, and the augmented power is more marked when the hand is placed over the præcordia.

Pain exists oftener in connexion with aortic than with mitral lesions. Why this is so I am not prepared to say, but clinical observation shows that it is so. In the cases in which that most painful affection, angina pectoris, occurs, the lesions are generally aortic.

Pain and palpitation occur in connexion with either obstructive or regurgitant lesions. But the latter give rise to certain symptoms which are distinctive of aortic insufficiency. One of these symptoms consists in paroxysmal distress, with a sense of impending dissolution. The patient suddenly feels as if the action of the heart was about to cease; the pulse is small, and perhaps irregular; there is an indefinite feeling of anguish. The paroxysms pass off after the lapse of a few moments, and they may recur after shorter or longer intervals. Sometimes they are provoked by an obvious cause which occasions excitement of the heart's action; but at other times they occur without any apparent cause. The paroxysms to which I now refer, so far as my observation goes, belong especially, if not exclusively, to the history of cases of aortic insufficiency. They are characterized by all the phenomena of an attack of angina pectoris, save the acute pain which belongs to that affection. They involve a liability to sudden death. And I may state here, that aortic, much more than mitral lesions, are apt to prove suddenly fatal; indeed, it is chiefly in cases of aortic regurgitant lesions that there is much danger of sudden death. Let me endeavor to explain the paroxysms to which I have just referred, and the occurrence of death suddenly in certain cases.

The immediate effect of aortic regurgitation is accumulation of blood in the cavity of the left ventricle. This cavity is distended with blood in proportion to the amount of insufficiency of the aortic valve. It is this accumulation of blood which leads to the hypertrophy and dilatation of the left ventricle. Under these circumstances a sudden increase in the accumulation is liable to occur, from various causes which accelerate the circulation. The ventricle then is unusually distended, and, especially after it has been weakened by dilatation, the ventricular contractions overcome with difficulty the distension. The muscular walls of the ventricle are paralysed by the pressure of the blood within the cavity. If, at length, the ventricular contractions are sufficient to expel the unusual accumulation of blood, the immediate danger is removed; the distress and feeling of impending death which accompany the condition just described disappear. But if the contractions of the ventricle fail to relieve the over-accumulation, of course it rapidly increases from the constant flow of blood from the auricle to the ventricle, together with the aortic regurgitation; the walls of the ventricle become more and more enfeebled by distension with a corresponding rapidity, and death takes place from paralysis of the heart.

The pulse, in certain cases of aortic lesions, offers some distinctive features. If the lesions are obstructive, the pulse is weakened, but the weakness is much less marked than in cases of mitral lesions with considerable obstruction or regurgitation. In cases of aortic insufficiency, however, the pulse is peculiar. The artery appears to strike the finger with quickness and force, and to recede quickly. The pulse is said to be jerking or collapsing. Dr. Hope called it the "pulse of unfilled arteries." This kind of pulse, in some cases, is quite characteristic. It is evidently due to the fact that in aortic insufficiency the aortic direct current meets, a regurgitant current; the two currents come into collision. Another symptom pertaining to the arteries is sometimes very striking and characteristic. The arteries near the surface—the carotids, the temporal arteries, the brachial, etc.—present visible movements with each ventricular systole. These movements, in some cases, are remarkably conspicuous; the arteries, as Dr. Stokes remarks, seem like wriggling worms beneath the integument. Some time ago a patient at the Island Hospital presented this symptom in such a notable degree that the face and neck would at once attract the attention of any observer. This symptom, when marked, is quite distinctive, so much so that aortic regurgitation may be predicted with much confidence; but the symptom is by no means marked in all cases of aortic regurgitation, and hence its absence is not proof that regurgitation does not exist.

Dyspnœa is less frequently marked in cases of aortic than in cases of mitral lesions. The distress arising from the cardiac affection has reference to disordered action of the heart, more than to interference with the pulmonary circulation and the function of respiration. General dropsy is less apt to occur, owing to the fact that dilatation of the right side of the heart is of less frequent occurrence.

I have considered, gentlemen, the diagnosis of mitral and aortic lesions as they occur separately. But cases not unfrequently present themselves in which lesions exist at both orifices. The combination of mitral and aortic lesions is shown by the association of the mitral and aortic murmurs. Does not this combination constitute an obstacle to the discrimination of the murmurs? Generally not. We may have a single mitral associated with one aortic, or the two mitrals with one aortic, and *vice versâ*, or, finally, all the four murmurs may be combined. The mitral direct murmur and the aortic regurgitant murmur have such distinctive characters, that each is at once recognised without difficulty. The only source of any difficulty is in ascertaining that the aortic direct and the mitral regurgitant murmurs co-exist. But in most cases it is not difficult to determine this point. These two murmurs occur in the same period of time as regards relation to the heart-sounds, that is, both are systolic murmurs. But frequently the murmurs differ in pitch and quality, so much that it is at once evident they are two distinct sounds; one may be rough and the other soft, or one may be high and the other low in pitch. If they do not thus differ, the fact of the existence of the two murmurs may generally be ascertained by finding at the base of the heart and at the apex, an intensity of murmur distinctly greater than between these two situations. Sometimes a murmur is distinct at the base and at the apex, but wanting at an intermediate situation. You apply the stethoscope in the second intercostal space, and you hear a murmur; next, you apply the stethoscope over the carotid, and you find the same murmur, *i.e.* a murmur having nearly or quite the same quality and pitch. You know, then, that there exists an aortic direct murmur. You then carry the stethoscope gradually downwards towards the apex, and this aortic direct murmur is found either to diminish in intensity or cease before you reach the apex. But when you place the stethoscope nearer to, or over the apex, you find a murmur more or less intense; you carry the stethoscope to the left of the apex and you find this murmur transmitted to greater or less extent over the lateral surface of the chest, and perhaps to the back. You are then satisfied of the existence of the two murmurs, even if it should happen that they are of the same pitch and quality.

These means of discrimination will prove sufficient in the majority of cases; but it must be confessed that cases do sometimes present themselves in which it is difficult to decide whether there are two murmurs or only one, and, if the latter, whether the murmur be mitral or aortic. The cases offering this difficulty are those in which a murmur is produced by conditions within the ventricle; conditions involving neither aortic contraction nor mitral regurgitation. Roughness of either the ventricular aspect of the mitral curtains, or the aortic segments, sometimes exists, giving rise to a murmur heard with about equal intensity at the base and apex and also over the body of the heart. By way of distinction from an aortic direct and a mitral regurgitant murmur, I am accustomed to call the murmur just described an *intra-ventricular* murmur.

As regards the symptoms belonging to cases in which mitral and aortic lesions exist together, it is sufficient to say that the phenomena distinctive of each of these classes of lesions are combined in various proportions.

A few words, in conclusion, respecting murmurs produced by lesions seated at the orifices in the right side of the heart. Valvular lesions at the tricuspid and pulmonic orifices are rare, and when they exist they are generally congenital. They are accordingly oftener met with in children than in adults. They may give rise to murmurs corresponding to those which emanate from the mitral and aortic orifices. I am not aware of the occurrence of a murmur corresponding to the mitral direct murmur. I know not why a *tricuspid direct murmur* should not occur; but I have no practical knowledge of its occurrence. I have the same remarks to make of a *pulmonic regurgitant murmur*. I suspect it occurs, but I have never made it out clinically. A tricuspid regurgitant murmur, I am persuaded, is not of very unfrequent occurrence. The tricuspid valve in health protects against regurgitation less completely than the mitral valve; and when considerable dilatation of the right ventricle takes place, either with or without mitral or aortic lesions, the tricuspid regurgitation is often a consequence. This is shown by the occurrence, in certain cases, of a jugular pulse synchronously with the contraction of the right ventricle. The tricuspid regurgitant murmur, however, as I suspect, is generally considered a mitral murmur, and I have not made the discrimination in practice sufficiently to indicate, from my own experience, the differential points. These points are stated to be the following:—The maximum of the intensity of the murmur at or near the xiphoid cartilage, and the propagation of the murmur to the right, rather than to the left of the heart.

A pulmonic direct murmur from lesions of the pulmonic orifice may frequently, if not generally, be discriminated from an aortic direct murmur by the following points:—The maximum of the murmur is in the left second intercostal space, and the murmur is not transmitted to the carotids.

The symptoms pertaining to the pulmonic and tricuspid lesions are those which denote enlargement, especially of the right ventricle and auricle, viz. venous congestion, jugular pulse, and dropsy.

Original Communications.

REMARKS ON ALBUMINURIA,

MADE BEFORE THE NEW YORK ACADEMY OF MEDICINE.

By A. CLARK, M.D.,

PROF. OF PRACTICE AND PATHOLOGY.

(*Continued from* p. 248.)

Thus every kidney which was described as white or pale yellow, whether enlarged or not, had granular or fatty cells; or granular or fatty matrices; or two or more of these lesions at once, and in a sufficiently marked degree; while in those not so described, when there was any considerable change in either of these directions, if the color did not appear, there was a sufficient reason why it did not, except, perhaps, in the sixth and seventh of the above enumeration. One of these was of normal size, and the other was contracted. When these observations were recorded, I did not expect to find the pale color, except in the enlarged specimens, and it is possible I was not sufficiently careful in observing the point. However this may be, they had neither of them any extreme changes that a moderate congestion may not have concealed. But if they are admitted as exceptions, they cannot, as negatives, greatly invalidate a rule sustained by twenty-two affirmative instances. The rule then is, that to the granular or fatty disease of the cells and tubes or matrix of the kidney, one alone when it is considerable, or two or more of them combined, we are to look for the cause of the pale or white color of the kidney in Bright's disease.

The examination of the white, grey, or yellowish spots, which occur in the kidneys, such as have been described in another part of this discussion, shows that they are composed of granular matter, or oil, or both, usually in the matrix, but sometimes in the tubes. The extraordinary loading of the cells in spots only, is shown on the card No. 17. In that specimen the spots had nearly the color and general appearance of little purulent deposits; indeed nothing but the microscope would convince the attending physician that they were not constituted of pus. These were soft, and could be mostly pressed out of the organ. But there are pale spots of another kind which are wholly incorporated with the kidney, usually mottling it all through its structure. One of these will usually be found to be composed of irregular fibres more or less granular, and of small oil globules. The tubes have generally disappeared from these spots, or are contracted, empty, and fragmentary. As the other form is a local fatty disease in the tubes, so this is a local fatty disease of the matrix with equally local destruction of the tubes, and probably disintegration of fibres, once excessive. In these appearances we see that the same causes which produce the pale kidney, if they operate only locally, produce pale spots and mottlings.

The white or pale color noticed at the apices of the pyramids, is perhaps attributable in most to the granular degeneration of the cells in the strait tubes; in some, the contraction of the excessive fibrous tissue, making the apices very firm and hard, and expelling the blood at least after death. In a few instances it may be produced by oily deposits in the cells. Among the thirty cases this appearance was noted thirteen times.

Apices of pyramids, pale or white,	in . .	13
Tubes of the apices very granular,	in . .	8
Moderately fatty, ...	in . .	5

Among the eight that were very granular, there was general increase of the fibrous tissue in four; a special deposit of fibres within the apices, in one, and the excess was questionable in the other three. Three of those that were fatty, were at the same time fibrous, one was doubtful, and in one there was no excess of fibres. The very granular tubes contained a great deal of oil in two instances, were slightly fatty in one. The fatty tubes were at the same time granular in two. In three of the granular tubes, the granular substance had been rolled into cylinders, and was found in the central line of the tubes. In some instances the fibrous contraction in these pale apices had produced a scirrhous hardness. In one of the specimens there was no fibrous disease, no granular degeneration, and only a moderate accumulation of oil in cells of the apices; and it is necessary to state that among the specimens not embraced in this list, there were instances of fibrous disease and of granular and fatty affections of the tubes of the pyramids, in which the apices were not pale. Still these facts are worth something, and I offer them at their value, whatever that may be.

There are certain other facts, which, with their relationships, deserve notice, but which do not require the microscope for their observation, though it may be necessary sometimes for their explanation. Among these *the distribution of the vessels* may be considered.

Vessels were more or less stellate, or arborescent, or both in nine. The weight of these nine kidneys was severally 2¼, 3, 4½, 4½, 7, 7, 9½, 9½, and 12 ounces. Here it is apparent, that this rather striking feature of advanced Bright's disease does not belong to either of its leading forms exclusively. It occurred in two contracted and hobnail kidneys, in two of normal size, in which it was, however, barely noticeable or just beginning, and in five which were large and all pale, their color varying from a light yellow to a milk white. The fine interlobular vascularity is retained generally through the first and middle stages of the disease, but is finally replaced by that we are now considering, whether the kidney is increasing or diminishing in size.

The thinning or contraction of the cortical layer, diminishing the distance between the bodies of the pyramids and the external surface of the kidney, was observed in some that were increased in size, as well as in those that were diminished. Thus:

The cortical layer reduced in thickness, in	13
Fibres of the matrix in excess, "	8
Excess doubtful, "	3
Regarded as normal, "	2

In the two last the thinning was not considerable, but there were seven others having excess of fibres in which thinning was not noticed. Four out of thirteen had small elevations on the surface, like the beginnings of the hobnail appearance. Three were pitted on the surface, and one had irregular sinuses, the result of contraction. All but one had the cells either granular or fatty, in a greater or less degree. Nine had more or less of oil, and two others granules in the fibrous tissue. The weight of these kidneys, with one exception, was not considerable, viz. 2¾, 4½, 4½, 4½, 5, 5, 5¾, 6, 6, 7, 7, 7, and 9½ ounces.

It is worth while to notice *the condition of the investing membrane of the kidney*, in the specimens which were fibrous. There is an impression that its thickness and firmness, and the strength of its adhesion to the organ, maintain a close relation to the degree of the fibrous disease. Whether this view is correct may be partly inferred from the following statements. The condition of the capsule was noticed in fourteen of fifteen instances of fibrous kidney.

The capsule thickened, or more or less opaque, in	6
The capsule of normal appearance, or nearly,	4
The capsule thin and diaphanous,	4

In the cases in which the increase of fibres was doubtful, the capsule was twice thick, strong, or more or less opaque; twice thin and diaphanous; and once normal; and in those having no excess of fibres it was once thick, strong, and opaline; once normal, and twice thin and diaphanous. Regarding the adherence of the capsule to the kidney, it is noted twenty-four times.

The adherence of the capsule, strong, in	19
Of these the kidneys were fibrous, (weighing 2¼, 3, 4, 5, 6½, 7, 8½, 9, 9½, 9½, and 12 oz.) in	11
Excess of fibres doubtful, (weighing 5, 6, 6, 9, oz.) in	4
No excess of fibres, (weighing 4½, 4½, 5½, and 7½ oz.) in	4
Adherence normal and kidneys fibrous, in	4

The adherence was often so strong that the capsule tore away parts of the kidney when it was removed, but this also occurred in kidneys which were not fibrous. So that we are brought to this conclusion, that the capsule will be thicker and stronger and less transparent than is natural, in about one half the cases of fibrous kidneys, and that the firm adherence of the capsule to the kidney may be looked for in something more than one-half; but as the fibrous kidneys constitute one-half of the whole number, these conclusions are of but little value. In other words, the thickness and degree of adherence are probably variable in normal conditions, and their dependence on fibrous disease is uncertain, or only occasional.

The outline of the borders of the pyramids is sufficiently distinct and definite in the healthy kidney. It was distinct and definite in two thirds of those now the subject of study, but in the other third the borders had lost their usual appearance, and the tubular and cortical portions were more or less confusedly blended by the irregular prolongation, or feathery or radiated extension as it seemed, of the tubular into the cortical. The latter class were of large size, having an average weight of about nine ounces, and most showed an excess of fibres. Those in which the outline was distinct had an average weight of six ounces, though two of them weighed nine and a half ounces each, and one half of them had an excess of fibres. There is nothing in these statements beyond the fact that the confused and uncertain outline is noticed very generally in the large white kidney. It is probably produced by the separation of the parts of the pyramids as the kidney increases in size through granular, or fatty, or œdematous infiltration.

The condition of the pelvic membrane was not noticed in any of the cases first recorded. My attention was not called to it until the series was almost completed. It is noticed in only six cases.

The pelvic membrane was thick and opaque in	4
" " " thick and firm in	1
" " " bluish and ecchymotic in	1
" " " not thickened or opaque in	1

The five in which the membrane was in an unnatural condition were the five, as it happened, in which the fibrous accumulation was the greatest; and that in which it was in a natural condition, was a specimen in which the fibrous disease was partial, a portion of the organ being affected by it and a portion not. The number is quite too small to justify any general inference, but this reference may serve to call attention to a subject of minor importance in the history of Bright's disease. It often happens in the examination of urine that a few pus globules are seen when they are not expected; and when the symptoms, and their own small number, will not allow us to suppose that they are produced by catarrh of the bladder, or that they come from an abscess, or from the urethra. They are found in albuminous urine, or without albumen, in company with casts of the uriniferous tubes. Their number may be from six to twenty in a microscopical field among other sedimentary matters. It has often occurred to me that this pus might be the product of disease of an inflammatory character in the pelvis of the kidney. The kidney tubes have no power to produce pus, as far as is known, under any circumstances; and the fibrous matrix only under the influence of acute inflammation; and I of course exclude vaginal pus. This is usually recognised by the vaginal epithelium which accompanies it. In these cases I have not preserved a record of the condition of the urine, and cannot, therefore, say whether these pus globules were present or not.

Little pin-head elevations were in some instances observed on the surface of kidneys which were not the seat of the hobnail change properly speaking. They seemed in most instances to be lobular, and were sometimes bounded by the natural network of vessels. They probably were caused by the accumulation of granular or fatty matter in or about the convoluted tubes, or perhaps in some by slight irregular contraction of the fibrous tissue.

Little lobular elevations on the surface noticed in	9
Kidneys decidedly fibrous in	5
Excess of fibres doubtful in	3
No excess of fibres in	1
Cells and tubes very granular in	8
" " fatty in	1
Matrix more or less fatty in	9

The weights were 5, 6, 6½, 7½, 8½, 9, 9½, 12 oz. and one? (a part.)

Minute pits on the surface, or section, or both, were noticed in ten instances. They looked as if they might have been small vesicles that were shrunken or empty. How this appearance is produced I have not yet satisfied myself. Their association with one or more of the other lesions was not sufficiently uniform to make a citation of these relations instructive. They occurred in the large kidneys and those of normal size only.

The quantity of adipose matter about the pelvis of the kidney, and between the pelvic membrane and the renal structure, was noted in twenty cases, but there is no correspondence between the quantity of this tissue and the fatty or granular or fibrous disease of the organ.

Those who have had the patience to follow me through this tedious analysis cannot, I think, fail now to assent to the proposition made at the opening of this discussion, that the large white kidney is the result of a diseased action which, with a little modification, can produce the small or contracted kidney; or, in other words, that the two apparently, and in certain respects really different forms, are in the language of Bright's hesitating conjecture, "evidence of modifications in the diseased action," and nothing more. Whatever else the analysis has taught, or has failed to teach, it has not failed to show that neither the large nor the small has any lesion peculiar to itself. If the excess of fibrous tissue contracts the dimensions of the kidney and gives it the hobnail surface, that same fibrous excess occurs also in the large kidney, and only fails to produce the same effects because its contractile tendencies are resisted and overcome by another morbid deposit, or on account of the early disintegration of the tissue itself. If granular degeneration of the tube cells, the infiltration of oil, granular and fatty decrease of the matrix, help to swell the size of the kidney, each and all of these lesions are found in the contracted kidney. The vascularity undergoes the same change in both. The tubes are often denuded in both. The shrinking of the malpighian bodies so often associated with the contracted organ has been seen in the large white kidney. All the lesions regarded as essential to either of the leading forms are shared by both in different degrees, except the œdema, which is probably resisted in the fibrous kidney by its contraction and firmness.

Before leaving this branch of the subject I will call attention again for a moment to the relations of alcoholic drinks to Bright's kidneys. In consequence of the loss of the ante-mortem histories already referred to, and neglect to record the habits of the patient in the earlier cases, I am only able to offer twelve cases for analysis. The results will not be very valuable, and yet perhaps not wholly useless. In this number nine were reported to have been intemperate, and though it is not so stated, it is fair to assume that they were all spirit drinkers. The weight of their kidneys was severally 3, 4, 4¼, 4½, 4¼, 7, 7, 7¼, and 8¼ oz.—three of normal size, two smaller, and four larger than natural; but in every instance death was caused by some complication, and in no instance was the kidney disease allowed to run its full course. Five of these kidneys were fibrous, three were normal in this respect, and one was doubtful. Four were decidedly, and four slightly fatty. Eight had granular epithelium. The kidneys of the three temperate persons weighed severally 2¾, 5¾, and 7½ oz. One was fibrous (2¾ oz.), the others were not. One (not fibrous) was decidedly fatty, the other two slightly so. One had very granular epithelium (the fibrous one), the other two were not granular. The smallest and most fibrous kidney of the thirty occurred in a temperate person. These cases, even on the supposition that the kidney disease was in all of them caused by spirit-drinking, do not give the fibrous kidney to the intemperate in much higher numbers than the general proportion, and certainly will not support the theory that the small kidney is expressly and exclusively a "spirit-kidney."

I submit these facts, without further comment, to the consideration of the Fellows, stating that the studies of which they are a summary, were begun for the purpose of ascertaining if possible the relations of the different lesions to each other, and especially whether the granular, fatty, and fibrous degenerations were so many distinct forms of disease, or stages in a single series of morbid processes. The conclusion at which I have arrived does not, in strictness, support either of these early suppositions. To make sure that I am understood, I will repeat it. It is that in in Bright's disease there are two leading pathological results (the small and large kidney) having their origin in a single morbid condition, viz. congestion; that the congestion, possibly in some instances mechanical, probably in some caused by an unnatural state of the blood, is commonly the consequence of impaired nerve force in the part, or paralytic; that the hyperæmia, whether it becomes inflammatory or not, impairs or prevents the nutrition of the epithelial cells and gives rise to exudations which vary in their character with the state of the system, the condition of the blood, etc.; that when the exudation is in a marked degree plastic, the contracted kidney is the result; when it is of a different character the kidney may become large and white; that as the exudations increase, the hyperæmia diminishes; and that through new laws of nutrition, at length a new distribution of vessels is produced, affecting equally both forms of organic degeneration.

I have met with an abstract of a paper in which Dr. Beale, of King's College Hospital, London, has lately expressed his conviction that cirrhosis is not a disease of the fibrous tissue of the liver, but, in effect, that observers have been deceived on this point by examining their specimens in water. "Many of the most delicate and beautiful textures," he says, "appear fibrous when placed in water and roughly examined." Cirrhosis with him arises from "a degeneration in the secreting cells." This is not the place to present the many obvious objections to this doctrine. But if it should be proved to be true and is applicable to the fibrous kidney, it will require a change in the explanation here and commonly given of the contraction in Bright's disease, and in the words by which we describe that state, but it will not affect the cardinal doctrines and facts of these remarks. Instead of "increase of the fibrous stroma" we may be obliged to say—the condition in which certain "textures appear fibrous when placed in water." But this is doubtless a fixed condition, existing in some kidneys and not in others, existing sometimes in one part of a particular kidney and not in other parts of the same organ, a condition of which water is a test. Let the contracted kidney be a wasting, with only an apparent increase of the fibrous element, still the apparent increase of the fibrous element will be found to occur in the large kidneys as well as in the small. It is true there may be some difficulty in explaining the character and state of Dr. Bright's hard kidney on Dr. Beale's hypothesis, should it become applicable to that organ. It may be necessary even to find a cause for the wasting itself. But these are matters which may safely rest until the new theory is confirmed and applied. It is, however, right to say that the microscopic examinations in these thirty cases were all made on thin sections moistened by their own fluid, or on portions picked to pieces and moistened with water.

Having occupied too much time with the consideration of the microscopic appearances of diseased kidneys, I will now run over as rapidly as I can, a few facts relating to the condition of the urine. My examinations of this fluid have only been such as all physicians make daily for practical purposes. They have not been extended into any elaborate analysis of it, or of the blood. They will not then disclose anything novel or striking. They may be useful to such of the Fellows as are not yet far advanced in the study of renal diseases, and in this view I am induced to present them. I take from the note-book in which such examinations are hastily recorded, one hundred cases in the order in which they were written, and consequently without selection. These are about one half the cases of Bright's disease, that I have seen in office and consultation practice during the last four years.

The specific gravity of albuminous urine, it is usually stated is low. It is undoubtedly the tendency of the disease to reduce the weight of the urine; but this tendency is so frequently counteracted by special conditions of the kidney, by the state of the system, and by concurrent diseases, that a low specific gravity is very far from being a test of Bright's disease. In one hundred and eight examinations made in one hundred cases, I have found it as low as 1002, and as high as 1042. The general account stands thus:

At 1006 and below,	14.	Between 1015 and 1020,	31.
Between 1006 and 1010,	21.	Between 1020 and 1025,	11.
Between 1010 and 1015,	22.	Above 1025	9.
			108.

If we assume that 1015 is about the stand for the specific gravity of urine in health, only a little more than half these specimens (57) were at or below that figure. If we say that healthy urine should be rated between 1015 and 1020, then in 31 of these cases the specific gravity was normal, and in 20 instances it rose above the normal average. But there is reason to believe that certain complications have a good deal of influence in augmenting the specific gravity. Thus in twenty-four uncomplicated cases, it was—

At 1010 or below in	13	Average of the 24, 1012.
At 1010 to 1015 in	5	
At 1015 to 1020 in	4	
Above 1020 in	2	

While in four cases in which consumption and Bright's disease occurred together, the figures are 1018, 1020, 1020, and 1025; and in twenty-nine examinations of twenty-three cases of cardiac complication, they vary between 1006 and 1027, thus:

1010 or below . .	5	Average of the 23, 1017.
1010 to 1015 . .	6	
1015 to 1020 . .	6	
1020 or above . .	12	

In two cases beginning in pregnancy it was 1003 and 1042. When the complication is cirrhosis, the urine is commonly scanty, high-colored, and the specific gravity high. This is very noticeable as the end approaches. The urine from the large white kidney usually has a much lower specific gravity than from the contracted kidney. The latter is more frequently found with heart disease and cirrhosis than the former.

The color of the secretion is noted in eighty-two instances. It varied in different specimens greatly. It was of high color, more frequently in cardiac disease, cirrhosis, and phthisis, than in other complications, or in the uncomplicated disease.

It was of the color of pale sherry, or a deeper hue,	in 24
More or less pale, ...	in 32
Smoky or claret-color (4 after scarlet-fever),	in 6
Red with blood or purpurine . . .	in 4
Of natural color, ...	16=82

(*To be Continued.*)

CASE OF STONE IN THE BLADDER.

By DR. FUNCKE,

OF FRANKFORT-ON-THE-MAIN.

(Reported by Prof. C. A. Lee.)

Mr. L——, aged 69, formerly always of good health, often suffered in the latter part of his life from gout. Two years ago he felt the first symptoms of stone in the bladder, which became aggravated to such an extent, that his medical adviser, a friend of mine, asked me in consultation. We decided upon performing lithotomy.

I performed the lateral section on the 15th of March, 1862, without any difficulty. I removed, while introducing the forceps six times, *eighteen* stones, from the size of two to four coffee-beans. Hæmorrhage during the operation was very inconsiderable. The pain, on the day following the operation, was again very severe in the bladder, and on the second day the patient suffered as much as before the operation. Upon consultation with my friend Dr. Sanson, I passed my finger and the forceps very gently into the bladder, thinking that we left, perhaps, part of a stone, or the shell of one, in the bladder. I could not, however, find anything.

This state of things went on until the tenth day after the operation, when the patient died quietly from exhaustion. The wound from the incision was perfectly healed and closed, on the morning of the ninth day, so that I passed from that time, three times a-day, the catheter into the bladder, in order to empty it.

Post-mortem Examination.—Bladder half filled with urine. While making a longitudinal incision through it, a very few small particles of stony shells came out with the urine. The whole of the muscular coat of the bladder was very much thickened. The mucous membrane was divided into a great many pouches (pockets), like a network. When I raised the bladder on its apex, and shook it a little, four more stones fell out from these pockets, explaining in this way why the immense pain did not cease after the operation, and brought on the death of the man. The single pockets are surrounded by thick trabecular cellular-tissue, which explains why I could not find the three stones, secluded in the pockets.

The shell by which each stone is surrounded consists of the triple phosphate of ammonia and magnesia, whereas the stone itself is pure uric acid. The kidneys we found perfectly healthy, with the exception of a slight catarrh of the mucous membrane. This excludes the idea that the stones had formed, perhaps, in the kidneys, and had then migrated into the bladder, as we first thought possible, when I extracted the eighteen stones after the operation.

Frankfort-on-the-Main, Sept. 19, 1862.

Reports of Societies.

NEW YORK ACADEMY OF MEDICINE.

Stated Meeting, Feb. 15, 1862.

DR. JAMES ANDERSON, PRESIDENT, IN THE CHAIR.

DISCUSSION OF DR. BYRNE'S PAPER ON PELVIC HÆMATOCELE.

Dr. Watson had listened with much pleasure to the excellent *resumé* of this subject by the gentleman who had just preceded him, and thanked him for the able manner in which he had called the attention of the profession to a matter, which, with one or two notable exceptions, might be said to be as yet undiscussed. He could not, however, endorse all the views of his colleague. He believed, for instance, that the *ovaritis* was a primary element not to be eliminated in our consideration of the cases. Again, that the hæmorrhage was not a special disease, but merely an incident in its development. Indeed the disease might even end fatally without any free hæmorrhage at all. Two instances of this last had come under his own observation in the persons of two young women, in one of whom the autopsy revealed clots in the ovary itself. In short, many apparent incongruities might be explained away in these cases, if we only take the view that they are but different manifestations of the same disease.

He remembered the case of a lady, the mother of two children, and the subject of one abortion, who had most assiduously nursed a sick brother for weeks together. Her general health paid the tribute to her anxious affection, and at every menstrual period she would suffer severe pains in the ovarian region. In one of these paroxysms, more severe than the preceding, he was summoned to her aid at midnight. He found her in great agony, with some peritoneal symptoms; he administered a powerful anodyne, and at the end of a few days she returned to a condition of comfort. At the next month there was no disturbance, the menses having established themselves; but at the succeeding period, there being an aggravation of the old trouble, he was sent for. He found some uterine discharge, the *os tincæ* patulous, &c., and his suspicions looked decidedly towards an early miscarriage. Anodynes were unavailing. After several days there appeared from the bowels a black, bloody, offensive discharge, which continued for ten or twelve days, and was finally replaced by one of a purulent character. This latter continued for some six weeks; there then appeared a swelling in the left groin, looking towards the umbilicus, which at last gained the mesian line to within an inch or two below the umbilicus itself. The point here puffed out, and the skin being thin and evidently inclosing gas, he set it free with his bistoury. Its escape occupied some minutes, and for many weeks the gas rumbling in the abdominal cavity would find an outlet, along with occasional small fæcal discharges, through this opening. Her health continued delicate for several weeks, but the wound finally healed up, and now, after a period of ten years, he attended her in an easy labor not more than ten days since.

Another case was that of a domestic, who had been forced to keep her bed for several weeks; her sufferings were severe, and on examination he made out an induration in the right flank. He also felt *per vaginam* a hard, brawny-like mass, which he suspected might be scirrhous in its nature, and at the same time detected a uterus thrown out of position. She afterwards found her way to one of our hospitals, and underwent an operation without benefit. She subsequently left this institution and again came under his care, when this tumor, after a few months, at last disposed of itself by suppuration.

At times the contents of these abscesses will be evacuated spontaneously through the rectum. They will fill up from time to time, and the patient will rid herself of the inconvenience in the way marked out by nature. These tumors, too, may even complicate pregnancy; he has in his mind a lady whose life was jeopardized from this cause, but whose succeeding delivery gave him no trouble whatever.

Dr. Peaslee agreed with Dr. Watson in his views of non-isolation, but could not regard the disease as essentially dangerous except from the amount of blood extravasated; in that event he believed that even a few minutes' hæmorrhage, when the admitted vascularity of the ovaries is considered, might be sufficient to cause death. In the case reported by Dr. Byrne, he was not satisfied as to the reason why an effusion so extensive should not have displaced the uterus, or what is more to be regarded, why the peritoneum should not have been dissected off so extensively from the organs as to preclude any reasonable hope of the patient's recovery. He had seen ten cases in all; of these the first three or four he did not recognise, but in all of them he thought that displacement of the uterus was a rather prominent feature.

In a certain class of cases the diagnosis might be easy; the sudden development of the tumor, for example, would hardly fail of directing our suspicions to the right quarter, but after the lapse of a few weeks our main reliance must be upon the history given by the patient. But even allowing our inability to discriminate between pelvic abscess and pelvic hæmatocele, we may still console ourselves with the assurance that the treatment in either case is identical. For his part he relied upon leeches, rest, and saline cathartics, to which mercurial inunction may be added. For the reason intimated by him a few minutes ago, where the effusion of blood is subperitoneal, and from one ovary, he would evacuate it, and when the tumor pointed more to the vagina than to the rectum he would not hesitate to follow the indication and open there. Indeed, he might say that his preferences were very decidedly in favor of the vaginal punctures, for by that procedure he escapes the probably ensuing strictures of the rectum, which in point of inconvenience and distress are not to be compared to those of the vagina.

Stated Meeting, June 18, 1862.

DR. JAMES ANDERSON, PRESIDENT, IN THE CHAIR.

Dr. B. Fordyce Barker said:—

Mr. President—A few weeks since a very valuable and interesting paper on pelvic hæmatocele was read before this Academy, which I had not the pleasure of hearing, although I have since read it. It is characterized by careful study, by thorough research, and in many respects it strikes me that it is altogether the best paper that has appeared in this country, and in some respects it is fully equal to any that has appeared in the English language. But this is not saying very much, as very little has been written upon the subject in the English language. I may say that almost nothing of any value has appeared with the exception of a lecture by Dr. West, of London, and a lecture by Dr. Simpson, of Edinburgh. As regards this pathological condition, the French and German pathologists are very much in advance of us; but, in fact, it has been but a very few years since this disease has been distinctly recognised or described by any one.

The author of this paper, Dr. Byrne, gives the credit to Nélaton of having first called the attention of the profession definitely to this pathological condition, but in this I think he is in error. The first who called the attention of the profession to the subject as a distinct form of disease was Bernutz, now of the Hôpital de Pitié, who published a series of papers in 1848. But previous to that time its occasional occurrence had been recognised in making post-mortem examinations. Even as early as 1761, Ruysch described a case. After that Frank, in the latter part of the eighteenth century, then Dr. Bright, and also Sir Benjamin Brodie and Velpeau, described the post-mortem appearances of cases of pelvic hæmatocele, but the condition was not recognised during the life of the patient. There were therefore no general ideas or principles deduced from these examinations. Bernutz then first published a series of papers in the *Archives Générales*, 1848, and after that Nélaton made this disease the subject of clinical researches, and the results of these studies have appeared in his *Clinical Lessons on Surgery*.

One of the greatest rewards which a scientific man can lay claim to, is the accorded merit of having first described a specific disease and recognised the laws of its development. Nélaton seems in my estimation to have utterly ignored the essay of Bernutz, and to have done him in this respect very great injustice, especially as the former copies in his lectures word for word, in several points, long paragraphs from Bernutz, and afterwards in subsequent essays upon that subject he gives great credit to several of his pupils, among others Viguès, who published an inaugural thesis in 1850, and Voisin, who also published a similar thesis in 1852. Since then French medical literature has been quite rich in this department of science. In the works of Bernutz, Aran, Becquerel, and Nonat, the subject has been very fully discussed; quite a number of cases have also been reported by German authors.

The disease is nevertheless a rare one, although it is believed that it will be found very much less rare in future, when the profession become cognisant of the proper mode of exploring its character. As I remarked before, very little has appeared in the English language upon this subject. Prof. Simpson wrote a very valuable lecture, and he evidently writes from a personal clinical acquaintance with the disease. Dr. West's lecture is very well written, showing as he always does in his writings a familiarity with the literature of the subject, and showing as he does in all his works that he writes not from any practical acquaintance with the disease at the bedside, but from a familiarity with the books in his library. Therefore what he has to say is of little value, except only as a resumé of the subject.

I have already expressed my very high estimate of Dr. Byrne's essay, which was read before the Academy, and which, I think, is calculated to do the Academy high honor, and which if sent abroad will be so acknowledged by foreign reviews and editors. I do not think the subject has been studied by the profession as it should have been, and I wish now to call attention to it for this very reason. I was not present when the paper was read, but I have read the proceedings of that meeting in the Bulletin; and from the discussion which followed afterwards, and which was taken part in by men of high position, I will say that it was very evident that they did not understand the real nature of the disease, for members rose and quoted cases which were evidently not cases of this affection at all, but cases of pelvic cellulitis, which is an entirely different thing—different as regards diagnosis, different as regards its pathological character, and different as regards its therapeutics.

I have now been connected with Bellevue Hospital with a large number of women under my charge for seven years, and have had the opportunity of making examinations with the late Dr. Kelly, and Dr. Sanger of Blackwell's Island, but I have never seen, until recently, a single case in hospital practice. I think there are some reasons why these cases are more frequent in the private than in the hospital practice, which I will presently refer to.

A few days since I discovered in my wards a case which I was then led from a superficial examination to suppose to be this disease; to-day I made a very careful examination in the presence of Dr. White of Buffalo, Dr. F. G. Smith of Philadelphia, and Dr. Ford of Pittsfield, and I found a clearly marked case of the disease. This is the very first case of the kind that I have seen in hospital practice, though in private practice I have met with seven. I have here the history of the case in the hospital, which, with your permission, I will ask the House Physician, Dr. Brockway, to read, as it is drawn up in his handwriting.

Dr. Brockway then read the following:

Maria Jacobi, married, age 29, born in N. Y. Admitted to Bellevue Hospital June 7, 1862, with no hereditary tendency to disease. Always enjoyed good health until about five weeks ago, when she thinks she had a miscarriage. Something came from her which looked like flesh, though without any describable form. She was soon convalescent, and was up and about, until a week after, when she was seized with a very sharp and severe pain in the right iliac region, which soon extended over to the left side, and as far up the abdomen as the umbilicus. The pain was attended with some swelling, and the abdomen was excessively tender to touch. The pain was not ushered in by a chill, and she did not have much febrile movement, though she had considerable thirst. She had a good deal of headache, and some pain in the back. During the first three days she vomited considerably, but only now and then since. The pain, tenderness, and swelling continued, though somewhat diminished, until a day or two before admission, when they recurred with great severity, and she was advised to enter Bellevue Hospital, which she did on the 7th of June.

Admitted at about six o'clock Saturday evening. She was then suffering intense pain in the abdomen, particularly on the right side, but extending over the region already described. The tenderness was excessive, she being scarcely able to bear the slightest pressure of the hand over the part affected. There was not much swelling. The general condition of the system was one of prostration. The pulse was rapid and feeble, and attended by considerable febrile movement. There was no vomiting. The bowels not having been evacuated since the Monday previous, she was ordered an enema, which moved her bowels freely. Cloths wet with warm water were applied to the part, and gtts. xxv. of the tr. opii were administered internally.

June 8th.—Slept a little last night and says she feels somewhat better. Pain and tenderness still present. Complains of a burning sensation when she passes water. This condition has existed for several days. To relieve this she was ordered the spts. of nit. ether and liquor ammoniæ acetatis with some success.

June 9th.—Condition of patient not much improved. She still has a good deal of pain and tenderness. Cannot lie on the left side because, as she expresses it, "she has great pain, as if something was giving way inside." The bowels were moved by an enema, and she was ordered to have of Magendie's solution of morphia gtts. v. every four hours, together with the warm application to the abdomen as before.

June 12th.—Patient seems a little better, though she still complains of pain and tenderness in the part affected. The morphia has had the effect to quiet her, and she slept well last night. Seen by Dr. Parker, who, after a somewhat superficial examination, pronounced the case to be one of Uterine Hæmatocele. On making a vaginal examination, the os uteri was found tilted up behind the symphysis pubis. The uterus seemed, at the first impression, to be retroflexed, but a more attentive examination revealed an elastic tumor below and posterior to the uterus. The vagina and the contiguous parts were quite tender to the touch, and the examination inflicted considerable pain on the patient. Dr. Parker ordered the treatment already adopted to be continued.

June 18th.—Patient much better; pulse 80, rather weak; skin cool and moist, and she is able to sit up in bed for some time. She expresses herself as very much improved in health, has but little pain, and the tenderness is very much lessened. Has the morphia only occasionally, as she wishes it.

To-day, Mr. President, I visited the hospital for the purpose of making a careful examination, and was accompanied by the gentlemen I before alluded to. I examined the case very carefully. The general condition, as reported by Dr. Brockway, was very much improved; that is to say, the peritoneal inflammation, which very usually attends the invasion of this disease, had in a great measure subsided, the abdominal pain and exquisite tenderness were very much decreased, and she could bear slight pressure over the abdomen. There was very little tumefaction, and her countenance had very much improved in appearance. On making a careful physical examination, the uterus was found with the cervix high up behind the symphysis pubis, and a tumor filling the pelvic cavity, which, as the finger reached, seemed like an enlarged, retroverted uterus, but on pushing the finger higher up, it was found to be entirely distinct from that organ. On introducing the finger into the rectum, it was found to extend as high up as the sacrum, and to within an inch and a half of the anus, and was elastic. I use this term, as distinct from the term fluctuation, a point of importance to remember as assisting in the diagnosis of the disease from pelvic cellulitis. On introducing the sound it was found that the fundus was not retroverted, but retained its normal relation. Then with the sound lifting the uterus forward, this did not carry forward the tumor, clearly proving that the tumor was distinct from the uterus. There was a great deal of pain occasioned by the examination, though the patient bore it with becoming fortitude. The tumor I described as being as large as that of the fœtal head of six months. A better description, however, of its form was given by Dr. White, of Buffalo; he described it in size and shape like a large egg-plant. It was posterior to the uterus, and extended laterally, filling up the pelvic cavity. It then remained to determine the character of the contents of the tumor, and for the purpose I introduced into the tumor a small exploring trocar, and on withdrawing the needle, and leaving the canula and then withdrawing the canula, we found that the cavity of the tumor was filled with a very dark grumous blood. This was sufficient to settle the diagnosis, that it was truly a case of pelvic hæmatocele, as called by the French writers.

(To be Continued.)

NEW YORK PATHOLOGICAL SOCIETY.

DR. T. C. FINNELL, PRESIDENT, IN THE CHAIR.

STATED MEETING, June 25, 1862.

(Continued from page 219.)

SPONTANEOUS FRACTURE FROM CANCEROUS DISEASE OF THE BONE.

Dr. Sayre exhibited several bones removed from the body of a woman, aged forty, who entered Bellevue Hospital last October, with a fracture of the upper third of the left thigh, which she stated had been produced by an attempt to rise from her chair. Various appliances were used, but no union by bone resulted. She was compelled to keep her bed, and some two or three weeks since, in attempting to rise from it, fractured her left thigh just above the knee; also a few days previous to death, while attempting to move in her bed, her right arm was fractured near the shoulder-joint.

On post-mortem examination the left thigh was found fractured two inches below the trochanter major, and united by fibrous tissue. From that point downwards the bone was very much flattened and twisted upon itself, and at the lower extremity of the twist the compact structure was so much increased that the medullary canal was obliterated. The fracture of the left thigh was at the junction of the middle and lower thirds, and through an osteo-sarcomatous cyst, two inches in extent and half an inch in diameter. The fracture of the humerus, situated about an inch below its head, was also through a cyst three-quarters of an inch in diameter. The lower jaw contained one or two of these cysts. The specimens have been examined by Prof. Flint, jr., who failed to detect in them any evidences of cancerous disease. Dr. Sayre was inclined to think that the case was a simple one of fragilitas ossium.

CURIOUS CASE OF MALINGERING.

Dr. Sayre also presented a few specimens of coal removed from the skin of an imposter, and gave the following history of the case:—

Miss Purdy, aged thirty-seven, of Oneida, N. Y., of highly respectable parentage, of the ordinary stature and build, but of nervous temperament, was brought to the city a few days since by Dr. Perkins, who has been her constant attendant for the past four years, and a Mr. Wilcox, in order to get the opinion of the medical profession, on the case, which they stated had baffled the skill of all the doctors in the western part of the state.

The Dr. states that she menstruated at the age of fifteen, and continued regular until about the age of twenty-two or twenty-three, when she became irregular, and her general health impaired; about this time a peculiar secretion of black and thick crusts began to form on her face, and finally extended to the arm and hand of the left side, and also on the leg and foot of the same side.

This secretion at first looked like dark blood in spots, but soon extended over larger surfaces as described, grew thicker and blacker, and in a few months was perfectly dry and black like a mummy, when it would peel off with great pain, leaving the skin healthy but stained, and in a short time would be reformed.

During all this time she was watched carefully by her sister, mother, aunt, and other members of the family, and had the advice of some sixty different physicians, none of whom, as he states, could diagnosticate the case.

All the family and friends with whom I have talked unite positively in asserting that during this time, fourteen years, she has not had her bowels moved once, and has passed no water from her bladder except once or twice, when it was drawn off about four years since. For the last four years she has been under the constant care of Dr. Perkins who states that she has not passed a drop of water from her bladder, or fæces from the rectum, in that time; and that she has neither bladder nor rectum, but that both of these organs terminate in the vagina, from which he has been compelled from time to time to remove large quantities of charcoal, varying in size from two inches in circumference to four and five in length. The amount which he exhibits is several quarts.

Five or six stones are also exhibited as having been taken from the same place (the vagina).

He has also a quart or two of smaller pieces of charcoal, about an inch in length and half an inch in width, which she has vomited at various times, all of which are smooth and polished, whereas the others from the vagina are irregular and rough.

She eats wells and digests without difficulty, and he thinks the coal and stones are secreted in the system and from the skin, and has brought her to the city for the profession to examine her as a most remarkable pathological phenomenon. I saw her to-day, in company with Drs. Valentine Mott, Carnochan, Parker, Watts, J. R. Wood, Jacobi, B. F. Barker, Austin Flint, jr., A. B. Mott, and Livingston.

Her pulse was eighty-two, respiration a little hurried, heat natural, the mask had just been taken from her face, which was slightly stained in spots with charcoal; a large piece of coal was in the vagina, which I broke in removing; at the same time I did this I put my finger in the rectum and distinctly felt the orifice of the urethra, proving that there was both a bladder and rectum.

The mask was cut off from her arm and foot with a pair of scissors, and proved to be made up of cloth, wool, and glue of some kind, and covered with charcoal, leaving the skin underneath perfectly healthy, and thus unmasked the villany or ignorance of the pretender who brought her to the city for public exhibition.

Dr. Clark stated that he had seen a patient in the practice of Dr. Dubois who he believed did not pass any urine for nine or ten days, but in its stead large quantities of uric acid and triple phosphate in an almost pure state.

Dr. Conant alluded to the case of a girl who lived till she was thirteen years of age without any bladder or urethra. She was in the habit of passing a substance from her umbilicus which contained uric acid and other ingredients usually found in the urine. Dr. C. also referred to a case in the practice of Dr. Mussey, of Canaan, where it was the practice of the patient to pack away sheep's bones in the vagina with a view to obtain pity from the credulous.

Dr. Post stated that he had removed about two hundred pins and needles from the vagina and bladder.

Dr. Sayre remarked that Dr. Wood had in his possession nearly a quart of brickbats which were removed from the vagina and urethra.

DISSEMINATED CANCER.

Dr. Clark presented a specimen, and remarked upon it as follows:—

A woman was received into Bellevue Hospital some time in April, with double pleurisy and a little abdominal effusion. She was forty-one years of age, and enjoyed pretty good health until three months before. We attempted the cure of the pleurisy in the usual way, by the application of blisters and diuretics, but accomplished nothing. The woman rather suddenly and unexpectedly died, and at the post-mortem examination we found that the pleura covering the lungs and lining the walls of the chest, and also the surface of the peritoneum, were dotted all over everywhere with small flattened shining white deposits of a cancerous character, and that there was no accumulation of cancer in any other part of the body. The whole interest of the case consists in the fact that this woman had disseminated cancer without any accumulation sufficiently large to be fatal, or sufficiently large to affect any organ in the body except by irritation.

CANCER OF THE STOMACH, ETC.

Dr. Clark also presented a stomach which was the seat of a very grave disease. Here, sir, is a large tumor somewhat in the form of a polypus, the neck being of moderate size, and a tumor as large as my fist, perhaps a little larger, in the same stomach. I should remark that that is on the posterior and inferior portion of the stomach, at a point almost exactly opposite the opening of the cardiac orifice. Between that and the pyloric opening is a large patch of similar disease that has undergone pretty extensive ulceration. The coats of the stomach are enormously thickened in many situations, and particularly in the situation of this last deposit. The tissue of the stomach itself in other portions has undergone what appears to be fibrinous degeneration, so that the thickness is more than half an inch. Outside of the stomach and against the liver is a deposit of a similar material, softer than the morbid matter found in the stomach, I mean the tumors. The stomach is adherent to the liver, and at one point on the inferior surface of the liver there was a little pus found—only a very moderate quantity. The interest of the case consists in this: the difficulty of making a correct diagnosis of the condition of this person during life.

His age was about thirty-five. He complained of no illness until February last; then he had a little vomiting, some nausea, and felt a puffy tumor to the right of the median line, in a position which might correspond to that part of the stomach moderately enlarged. His history from that time until his admission into St. Luke's Hospital is very meagre indeed. He gradually became emaciated and exceedingly pale. He vomited from time to time, but not regularly; there would be many days when he would not vomit at all. The vomiting was not from the mere food in his stomach, but from the irritated condition of the stomach independent of it—two or three times he had coffee-ground vomiting, which is characteristic of ulceration of the stomach from whatever cause. It was noticeable that the stomach refused to admit more than an ounce or two of fluid food at a time. When I saw him a few days before his death there was a movable tumor distinctly felt a little to the left of the epigastrium. I could distinctly appreciate its size. There was a tympanitic ringing as if from the stomach most of the time in the neighborhood of the tumor, and part of the time over it.

It was stated that the tumor was larger than when I saw it (a week or ten days ago if I remember correctly), and at that time the man had a very profuse vomiting of a material that was regarded as pus, and that he had a diarrhœa, the characteristic feature of which was, in the view of the physicians in attendance, purulent discharges. It was stated that after that the tumor diminished very much in size. It is plain that the true tumor could not have diminished after that, as it appears at the post mortem examination that the stomach was very large, and as its walls were very much thickened it would undoubtedly stand out and make the tumor appear larger than it naturally was. I should remark that when he first came under observation at St. Luke's, there was a little puffiness of the hands and a little œdema of the feet. We had the urine examined, and it was found slightly albuminous. The point of interest in the examination was this—Was this an abscess or was this tumor merely a thickened membrane that bounded the abscess or cancerous mass. Opposed to the first view was the fact that it was movable, easily movable for an inch forward and backward—the walls of the abscess in this position were almost always pretty firmly attached to the walls of the abdomen if near enough to touch it. I could hardly suppose that that was the diagnosis, yet the opinion of the physician who saw it was confidently in favor of it. Then the question was—Was it a malignant tumor and did it produce suppuration behind it to furnish all this pus? That seemed more likely; but when we come to the post-mortem examination we find that there was no place where pus could collect in any large amount. This material, then, which appeared to the physician in attendance to be purulent matter, must have been a secretion from the stomach or effusion from the mucous membrane itself.

The form of this disease as it appears from the examination of Dr. Watts, jr., is compound. The grey thickening of the stomach is made up, as he ascertains, mainly of hypertrophied fibrous tissue; but in the midst of the fibres he finds large cells with large nuclei, and such as he figured to me I am satisfied are of a cancerous character. I find also in that large flat tumor the same material, fibrous matter, in considerable quantity, and these large cells with large nuclei in considerable abundance. But in the polypoid tumor this material is quite different. In the flat and ulcerating tumor there are abundance of enlarged follicles, tubular tissue which is the exaggeration of the follicles of the organ. The large mass appears to be made up mainly of a few fibres, vessels, and nuclei cells—such forms of cancer are often found in the brain, and are of very rapid progress.

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A new and economical method of treating intermittent fevers is recommended to us (from the wise men of the East) by Dr. Gondas. Dr. Schachaud, a physician at Smyrna, employs quinine endermically in these fevers; and he finds the quantity of quinine required for the cure, by this method, very small, and the cure itself unfailing. Ten or twelve drops of a concentrated solution of sulphate of quinine are taken into the little syringe; he pricks the skin (at any part) with a lancet, and then throws into the cellular tissue his ten or twelve drops. He usually injects during the maximum of the attack. One operation suffices for the cure. Dr. Gondas has, he says, repeated his experiments in a small way, and with success.—*Brit. Jour.*

American Medical Times.

SATURDAY, NOVEMBER 8, 1862.

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AN ARMY MEDICAL SCHOOL.

The recent opening of the regular session of the English Army Medical School is an event of too much significance to pass unnoticed. Especially is it suggestive to us, whose army medical department is in a transitional state, and which, under the plastic influences of the times, is susceptible of the most perfect organization. We cannot let the occasion pass without again presenting the claims of an exclusive Army Medical School in this country.

Army Medical Schools are not of recent date. As early as 1747, schools of military medicine and surgery were established by the French government in connexion with the army hospitals in cities where large garrisons existed. These were principally at Metz, Toulon, Lisle, Strasburg, etc. The long and sanguinary wars of the latter part of the last, and the early part of the present century, had a powerful tendency to elevate the medical element of the army, and bring its merits into an honorable recognition. The continual efforts of the French Government to perfect its military organization led to the constant improvement of its medical department, and to the final establishment of its present justly celebrated military medical school at Val-de-Grace. To the influence of this school can be traced all those improvements in the medical service of the French army which render it now so efficient both in its professional and administrative character.

The regulations of the school at Val-de-Grace require that the applicant shall have obtained the degree of doctor —that is, he shall have become qualified for civil practice in medicine. He is then examined, and if found qualified by proficiency in his previous studies, and aptitude to learn, is admitted to the course of study. This course comprises the following subjects:—1st. Clinical medicine, which comprehends examination of the patient, etiology, diagnosis, indications of treatment, art of prescribing, post-mortem examinations, etc., etc.; 2d. *Clinical Surgery*, embracing a review in detail of the surgical diseases, operations, gun-shot injuries; 3d. *Regional Anatomy*, at length and minutely; 4th. *Chemistry* applied to hygiene and army purposes, as the analysis affords, medicines, poisons, gases, etc., etc.; 5th. *Operative Surgery*, by practice on the subject; 6th. *Military Hygiene and Medical Jurisprudence*, which comprehends the multitude of questions that relate to the health and diseases of armies. Most of these branches are taught practically at the bedside, on the subject, or in the laboratory.

The English Army Medical School is of more recent date. It grew out of the disasters of the Crimean war. The military commission which that war called forth, after full investigation of the condition and wants of the medical department, recommended the consolidation of the chairs of military surgery at Edinburgh and Dublin, and the institution of others, in connexion with the principal hospital in England. This was the foundation of the Army Medical School, Fort Pitt, Chatham. The army regulations require that the candidate for admission to the School shall give satisfactory proof as to age, moral character, etc. In addition—

> "He must possess a licence to practise Surgery and Medicine in Great Britain or Ireland. Degrees, diplomas, licences, and certificates of age and character, must be lodged at the Army Medical Department for examination and registry, at least one week before the candidate appears for examination. On producing the foregoing qualifications, the candidate will be examined in Anatomy and Physiology; Surgery; Medicine, including Therapeutics, the Diseases of Women and Children, and Pharmacy; Comparative Anatomy; Zoology and Botany, with especial reference to Materia Medica. The examination in Medicine and Surgery will be in part practical, and will include operations on the dead body, the application of surgical apparatus, and the examination of medical and surgical patients at the bedside. Candidates who may desire it may be examined in the Elements of Physics and in Physical Geography. After passing the preliminary examination, every candidate will be required to attend one entire course of practical instruction at the Army Medical School, before being admitted to his examination for a commission, on Hygiene, Clinical and Military Medicine, Clinical and Military Surgery, and Pathology of Diseases and Injuries incident to Military Service. These courses to be of not less than four months' duration. At their conclusion the candidate will be required to pass an examination on the subjects taught in the school."

The candidate having passed a successful examination enters the School at Chatham. The following are the regulations:—

> "All gentlemen who have been successful in the competitive examinations, held twice a year (February and August) at Chelsea, for appointments in the medical service of the Army, attend subsequently, at Chatham, a course of practical instruction in the duties they will have to perform in the Army. The course lasts four months, after which an examination is held to ascertain the progress made by each candidate. The lectures on Military Surgery include gunshot and other wounds; arrangements for the transport of wounded; duties of Army surgeons in the field, during sieges, on transports, etc.; and other special subjects. Those on Military Medicine refer to the tropical and other diseases of the British possessions and colonies, and to the losses by disease in peace and war at home and abroad. The lectures on Hygiene comprise all duties relating to the examination of water, air, food, clothing, etc., of the soldier; his duties and exercise, and the circumstances affecting his health; the subjects of meteorology, statistics, and prevention of the principal diseases met with in the Army, on home or foreign service. The lectures on pathology have reference principally to the scientific examination of tropical diseases, and of other complaints which the Army surgeon is especially called on to investigate. The candidates also attend the wards of Fort Pitt Hospital to study the diseases of invalids under the Professors of Medicine and Surgery, the system of recruiting, and the modes of keeping the Army medical returns and records. They are also called on to make post-mortem examinations, to operate on the dead body, and pass through courses of practical instruction in the laboratory on the modes of recognising the qualities and adulterations of food, and in the microscopic room on the modes of microscopic examination of morbid tissues and of adulterations of food, etc. During his service at Chatham, each candidate receives an allowance of 5*s*. per diem, and 2*s*. per diem for lodging money if quarters are not found him. He wears uniform, attends the medical staff mess, and is under the usual military discipline."

The need of a higher order of educational qualification of the army surgeon, when first he enters the staff, has long been felt. This want during the present war has been more and more evident until it has become imperative. To meet this requirement there must be a special training of every young man who designs to enter the Medical Staff of the Army. It is not sufficient that he be simply qualified for civil practice to discharge his duties faithfully in the camp, on the field, and in the hospital. This part of his course of study is but the foundation upon which he is to rear the superstructure of his special education. To enter intelligently upon his duties, he must first become familiar with the habits of men aggregated in camp, their vices, their diseases, and their hygienic conditions; and he must learn Surgery in its application to military science as a new art. Until this special education is engrafted upon the qualification for civil practice, the medical staff of the army cannot take the rank it deserves, nor can our armies be well served.

The only remedy for this defect in the medical service of the army is to be found in a well appointed Army Medical School, at which the candidate shall be thoroughly and practically instructed in the special duties of his future profession. And the time has come when such a school should be established. The SURGEON-GENERAL, himself a practical teacher, has in his Staff the elements of a competent faculty. At the Seat of Government are numerous large and convenient military hospitals, one or more of which should become permanent institutions, to be devoted in part to the purposes of instruction. Already a museum is being formed under the supervision of the SURGEON-GENERAL, designed to embrace pathological specimens, missiles, and everything which will illustrate the surgery of war. Nothing, indeed, seems wanting to inaugurate on a large and liberal basis an Army Medical School, worthy of the nation capable of summoning to the field an army of a million of men. We trust the requisite legislation will be obtained during the approaching Session of Congress, and that in our next annual announcement of the Medical Colleges of the Country we can add to the list THE UNITED STATES ARMY MEDICAL SCHOOL.

THE WEEK.

DR. D. J. MACGOWAN, a distinguished physician, who, for the last twenty years, has been connected with the work of Christian Missions in China, has just arrived in our city from Europe. As DR. MACGOWAN has won enviable distinction by his unceasing and successful efforts to promote the diffusion and application of scientific knowledge and art among the Orientals, while he has himself been acquiring rare information relating to the social and sanitary condition of those people, it is to be hoped he will repeat among us the instructive series of lectures he recently gave in London. The Doctor was formerly a practitioner in New York, and is remembered with interest by those with whom he was associated in the establishment of the Northern Dispensary. His farewell discourse before the profession on "*The Claims of the Missionary Enterprise on the Medical Profession*," like his Chinese handbook on the magnetic telegraph, illustrate his happy method of reaching the popular mind. DR. MACGOWAN will find himself among friends in this country.

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IN noticing the Commission appointed to consider the best method of employing the fund appropriated by Government for the purchase of artificial limbs for soldiers, important omissions were made. The following were its members:—Drs. J. Mott, Satterlee, Bache, Gross, Warren, and Van Buren. In its organization Dr. Mott was elected *President*, and Dr. Satterlee, *Secretary*. It should have been stated that Jowett, instead of Douglas, was one of the manufacturers selected.

During the past week the venerable Dr. Usher Parsons, of Providence, R. I., appeared before the New York Historical Society, and read a paper on the "*Narragansett Indians.*" Dr. Parsons, it will be remembered, was the Surgeon to the fleet of Commodore Perry, in the famous naval engagement on Lake Erie, during the war of 1812. Few men have retained their physical and intellectual faculties in equal vigor at his age. May he live long in the enjoyment of his distinguished reputation, both as a physician and a patriot.

Correspondence.

CORRESPONDENCE BETWEEN THE BELLEVUE HOSPITAL MEDICAL COLLEGE AND THE ARMY AND NAVY MEDICAL BUREAUX.

Bellevue Hospital Medical College,
Foot of 26th Street, East River.

Resolved,—That a cordial invitation be tendered to Medical Officers of the Army and Navy of the United States who may visit this city during the coming Session, to attend the Lectures, and avail themselves of the facilities for anatomical and clinical pursuits, which our Institution affords.

Resolved,—That the Secretary be instructed to transmit a copy of the foregoing Resolution to the respective chiefs of the Medical Department of the Army and Navy.
Passed Sept. 17, 1862.

Austin Flint, Jr.
Secretary.

Surgeon-General's Office, Washington City, D. C.,
Sept. 21, 1862.

Sir:—I have the honor to acknowledge the receipt of your letter of the 19th inst., transmitting "resolutions" passed by the Faculty of the Bellevue Hospital Medical College, inviting Medical Officers of the Army and Navy to avail themselves of the facilities which your Institution afforded for professional pursuits, etc.

In reply, please convey to the Faculty of Bellevue Hospital Medical College my thanks, and through me the thanks of the Medical Corps of the Army, for their generous invitation tendered through you.

While accepting such courtesies and kindnesses at the hands of our professional brethren, this Department hopes to be not entirely unable to repay them to the Medical world at large, by the collection in an available form of valuable statistics, and the preservation and preparation of the numerous pathological specimens with which this unhappy war is even now enriching our museum.

I am, Sir, very respectfully,
Your obedient servant,
Jos. R. Smith,
Act. Surgeon-General.

Dr. Austin Flint, Jr., Secretary of the Faculty,
Bellevue Med. Coll., Foot of 26th Street, E. R., N.Y.

Navy Department Bureau of Med. Surg.,
October 1, 1862.

Sir:—I have the pleasure to acknowledge the receipt of your letter of the 18th ult., addressed to the Hon. Secretary of the Navy, transmitting sundry resolutions passed by the Faculty of the Bellevue Hospital Medical College, September 17, 1862, tendering a cordial invitation to Medical Officers of the Navy, who may be at New York, to avail themselves of the lectures, and other facilities, for anatomical and clinical pursuits.

I shall be most happy to make known to Medical Officers of the Navy this generous and complimentary action on the part of the Faculty, and beg to express on behalf of the Naval Medical Corps, my grateful sense of the unusual advantages offered to those who may be fortunate enough to enjoy them.

Very respectfully, your obedient servant,
W. Whelan,
Per P. J. Horwitz,
Ass. to Bureau.

Austin Flint, Jr., Esq., Secretary of the Faculty, Bellevue
Hospital Med. Coll., N. Y.

RESOLUTIONS ON THE DEATH OF DR. CHEESMAN.

At a meeting of the Physicians and Surgeons of the New York Hospital, held at the house of Dr. T. M. Markoe, Wednesday evening, October 15th, Dr. Valentine Mott presiding, the death of Dr. John C. Cheesman was announced, and a committee was appointed to draft resolutions of respect to his memory. The following resolutions were adopted:—

Whereas it has pleased an all-wise Providence to remove from among us our lamented colleague and friend, Dr. John C. Cheesman, therefore:—

Resolved, that in the death of Dr. Cheesman the public has lost an old and faithful servant, the Hospital a sagacious counsellor, and the profession an honorable and justly-honored member:—

Resolved, that we offer to the family of the deceased, in their great trial, the assurance of our sincere sympathy, and the hope that they may find in the long and honorable career of their revered head, and in the legacy of his good name and esteemed character, some consolation for their loss:—

Resolved, that a copy of these resolutions be sent to the family of the deceased, and that they be published in the medical journals.

Valentine Mott, *Chairman.*
W. H. Draper, *Secretary.*

Army Medical Intelligence.

Orders.—Asst.-Surgeon B. A. McNeill, 69th Penna. Vols., has been granted leave of absence to enable him to be examined for promotion by the State Medical Board in Philadelphia.

Surgeon John H. Brinton, U.S. Vols., has been relieved from duty as President of the Medical Examining Board in session in Washington, that he may devote his whole time to the collection of material for the Surgical History of the War, and to superintending the selection and preservation of specimens for the Army Medical Museum.

Surgeon Thurlow Conynghame of the 101st. N.Y. Vols., has been dismissed the service.

Surgeon John T. Carpenter, U.S. Vols., has been assigned to duty as Medical Director of Hospitals at Cincinnati and Camp Denison, Ohio, and Covington, Ky.

Dr. Rollin T. Baker has been directed to report to the Medical Director, at Philadelphia, Pa., for duty in the Chestnut Hill Hospital.

Asst.-Surgeon Joseph T. Smith, 5th N. Y. Artillery, has been directed to report for duty to the Medical Director, at Baltimore, Md.

Surgeon Paul B. Goddard, U.S. Vols., has been placed in charge of the General Hospital, Master Street, Philadelphia, Pa.

Dr. A. S. Maxwell has been directed to report to Surg. M. K. Taylor, U. S. Vols., in charge of General Hospital, at Keokuk, Iowa.

Surgeon Israel Moses, U.S. Vols., has relieved Surgeon

B. B. Breed, U.S. Vols. (under orders for Newbern, N.C.) in charge of the Finley Hospital, at Washington, D.C.

Surgeon Ferris Jacobs, U.S. Vols., has been directed to relieve Asst.-Surg. J. H. Pooley, U.S.A., in his duties at the Convalescent Camp, near Alexandria, Va.

Surgeons Timothy Haines and James King, U.S. Vols., have tendered their resignations to the War Department.

Asst.-Surg. E. Gregory, 17th Conn. Vols., now on duty at McKim's Mansion, Baltimore, has been directed to rejoin his regiment.

Asst.-Surgeon J. F. Mechem, U.S.A., has been relieved from duty at Benicia Bks., Cal., by Asst.-Surgeon J. C. Shorb, and assigned to duty at Alcatraz Island, Cal.

Dr. William Hayes has been assigned to temporary duty at Presidio de San Francisco, Cal.

Asst.-Surgeon J. H. Forwood has been placed on temporary duty in the Office of the Medical Director at Washington, D.C.

Surgeon Zenas E. Bliss, U.S.A., has been assigned to duty, superintending the fitting up of General Hospitals at Baltimore, Md.

Dr. W. V. Keating has been assigned to duty in the West Philadelphia Hospital.

Surgeon W. H. White, U.S. Vols., is on leave of absence for twenty days, at Wilmington, Del.

Surgeon John A. Lidell, U.S. Vols., has been assigned to duty at the Stanton Hospital, Washington, Del.

Asst.-Surgeon W. A. Conover, U.S. Vols, has been ordered to report for duty to Surgeon Jno. E. Summers, U.S.A., 1st Division, General Hospital, Alexandria, Va.

Surgeon R. K. Smith, U.S. Vols., arrived in Washington on the 30th ult. from New Orleans, Ga., on leave of absence.

Dr. Landon Wells has been directed to report for duty at the Fairfax Seminary, near Alexandria, Va.

Dr. C. W. Clark has been ordered to report for duty at the Convalescent Camp, Alexandria, Va.

Asst.-Surgeon P. Cleary, U.S. Vols., has been assigned to duty at the Harewood Hospital, Washington, D.C.

Surgeon William Hayes, U.S. Vols., has been placed in charge of Island Hall Hospital, Washington, D.C.

Surgeon D. Hayes Agnew, U.S. Vols., has been assigned to the General Hospital, Hestonville, Pa.

Asst.-Surgeon J. H. Pooley, U.S.A., recently in charge of Convalescent Camp Hospital, near Alexandria, Va., has been directed to report at the Headquarters of the Army of the Potomac.

Asst.-Surgeon A. M. Clark, U.S. Vols., and Hospital Steward Perkins, U.S.A., stationed at the Union Hotel, Georgetown, D.C., have been confined in the Old Capitol prison, by order of the Secretary of War, for brutal conduct to a convalescent paroled soldier in that hospital.

Surgeon S. F. Elliott, U.S. Vols., has been assigned to duty with the 1st Battery Conn. Vols. at Beaufort, S.C.

Surgeon N. R. Mosely, U.S. Vols., has been placed on duty as Inspector of Hospitals at Frederick.

The order assigning Asst.-Surgeon M. S. Rowlands, 118th Penn. Vols., to duty at the Camp of paroled prisoners has been revoked.

Surgeon J. D. Robison, U.S. Vols., is on duty at the Headquarters of the 6th Army Corps.

Dr. Josiah Andrews of Mich. has declined the appointment of Asst.-Surg. of Vols.

Dr. W. H. Hudson has been directed to report to Col. M. Coggswell, 2d N.Y. Artillery, near Fort Corcoran, Va.

Medical Storekeepers.—The following rules have been adopted in the case of medical storekeepers: All medical supplies to be turned over to the storekeeper by the purveyor with whom he may be stationed. Medical storekeepers have a right to appoint their own clerks and employés. They have no assimilated rank. When stationed with a medical purveyor, they are subject to his orders.

Medical Inspectors.—The following reorganization of Medical Inspectors' Districts, has been made in the Department of the West, by order of Asst. Surgeon-General Wood.

Medical Inspector Keeney's district to consist of the States of Illinois, Wisconsin, Michigan, Minnesota, and Iowa. Headquarters, Chicago.

Medical Inspector Lyman's district to consist of the States of Ohio, Indiana, and Kentucky. Headquarters, Cincinnati, Ohio.

Medical Inspector Allen's district to consist of Tennessee, Arkansas, Mississippi, and Alabama. Headquarters, Jackson, Tenn.

Artifical Limbs.—The manufacturers of artificial limbs, who have been selected to furnish such to the soldiers, have been directed to keep a record in each individual case (to accompany their accounts when rendered) of the following circumstances: The limb supplied, right or left. Nature of injury necessitating amputation, and amount of limb lost. Amputation, where performed, in the field, or in hospital. Length of time elapsed between injury and amputation. Nature of operation, whether flap or circular. Name of operator. Length of time between operation and fitting of artificial limb. Size of stump, compared with corresponding proportion of uninjured member remaining. General condition of stump. Apparent usefulness of new limb, as long as under observation. Post-Office address of each person after departure from hospital, and any other circumstances worthy of record.

A Medical Inspector has been directed to proceed to Annapolis Junction, Md., and examine the General Hospital there, with a view to its discontinuance.

A General Hospital has been established at Sarcoxie, Mo., by Surgeon H. Nauman, 9th Mo. Vols., acting under orders from General Steele.

DISEASES IN THE ARMY.

[Army Correspondence of the American Medical Times.]

Corinth, Miss., Oct. 18, 1862.

Two more great battles have been fought in the west and victoriously won, and the usual amount of labor in caring for the wounded gone through with. The sick and wounded are being removed north as rapidly as transportation can be furnished from this place to Columbus, Ky., one hundred and forty-three miles by rail, and thence by steam to other points. It is the intention now to remove from this place all but the very worst cases of wounded, which will probably number two hundred, and take two or three weeks before they can be transported with safety. At Jackson, Tenn., there are good hospital accommodations for one thousand sick, which can be increased if necessary; though as it is getting late in the season, probably there will be nothing further required. The rebel sick and wounded have mostly been sent to Iuka to be cared for by their own surgeons, though we furnish them with food and medicine. It is astonishing to see the amount of indifference they show their wounded, and I am sorry to say they are, in consequence, dying very rapidly. I speak now from observation here, but I know nothing about them since they have been sent away. While here our surgeons worked with them as faithfully as with our own men, while their surgeons mostly deserted their posts and went to town seeking their own pleasure. The men begged of us, for God's sake, to take care of them, and not turn them over to their own surgeons. What a comment on the chivalry of the South. Tetanus is the scourge and dread of the surgeon. Is there no remedy for it? Has nothing been found to stay its progress? Must the brave who pass through the fiery storm of battle finally fall victims to this disease? My friend and townsman, Lieut.-Col. ——, 2d Iowa, has just died with this horrible disease. He was wounded in the battle of Saturday by a round ball striking him on the inside of the great toe of the right foot, passing backwards under the deep structures and lodging in front of the os calcis, from which point it was removed by an incision through the sole of the foot soon after it was received. I saw him on Wednesday evening following, and at that time he was feeling well and comfortable, no unfavorable symptoms, and wound looked well. I did not see him again until Saturday evening, when I learned he was suffering from tetanus. The first symptoms, stiffness about the muscles of the jaws, first appeared on Friday morning, but did not attract particular attention until the afternoon. The discharges about the foot had not been very free, and as there was now some swelling the wound was freely opened, and a tablespoonful of unhealthy pus discharged, and hot poultices and fomentations applied. The bowels were opened and afterwards anodynes were given, or so reported. But the disease gradually increased in severity, paroxysms occurring every half hour, unless he was under the influence of morphine or chloroform. This had been the treatment up to Saturday evening, when I first learned he was suffering from this disease. Prof. Hughes, of Keokuk, Iowa, Surgeon March Turner, and myself, called at the request of his brother. We found him with pulse 100 and good strength and volume, skin moist, extremities warm, no fever. When not under the influence of chloroform his intellect was clear, so that he could write, but rigidity of muscles of jaws and throat would not admit of conversation, etc. The medical gentlemen in attendance I do not recollect by name, but they seemed to think he was decidedly better than in the morning, the paroxysms less severe and frequent. The discharge from the wound was free, and the symptoms decidedly more favorable. Such being the reported condition, it was finally decided to continue chloroform and anodynes, with beef tea, and hot applications to foot, and wait until morning for further action. Amputation had been suggested. The morning found the patient worse, paroxysms more frequent, intellect clear and fully comprehending his condition. It was decided to chloroform the patient and freely open the whole track of the ball, and if nothing was found, to amputate the leg, as a last final resort and hope. It was done immediately. Nothing was found in the track, and to get above all fibrous structure amputation was performed below the knee. Reaction came on fully, but I do not think the frequency or severity of the paroxysms abated in the slightest. From 3 o clock P.M., they increased rapidly. I saw him at 5 P.M., when convulsions occurred every eight to ten minutes, unless fully under influence of chloroform; pulse 140, small, skin moist, respiration 30, intellect dull. At 8 o'clock P.M., one tremendous convulsion closed the career of as brave a man as ever lived. In the same house a rebel died the day before of same disease. He was shot through the leg, not fracturing the bone I think. Amputation was performed after the disease commenced, but with no benefit. Not having seen this case I am unable to give its history.

Yours etc.,
Charles H. Rawson,
Surgeon of Volunteers.

FLYING HOSPITALS.

[To the Editor of the American Medical Times.]

Sir:—The allusion which is made in your editorial remarks last week to the employment of pack-mules for the speedy transportation of medical supplies on the battle-field, undoubtedly has reference to the plan devised by Dr. A. C. Hamlin, Surg. U. S. Vols., in charge of the "Flying Hospital" attached to General Sigel's Corps.

From personal knowledge of the excellent working of Dr. Hamlin's "Flying Hospital," I can corroborate the testimony that has been given in its favor.

When visiting the army soon after the inauguration of this improvement in Gen. Sigel's Corps, we learned that Dr. Hamlin, the Assistant Director, had procured a number of mules and equipped them with a sort of *cocolet* arrangement of pack-baskets as cases for surgical and hospital supplies, adapted to the wants of the battle-field. The entire plan was at once so simple and inexpensive, that it might be adopted by every Division Director in the army. Dr. H. informed the writer that he deemed it desirable to have a portable operating table, and every needed supply for wounded, exhausted men, included in each department of this *ambulance volante.* The animals and their drivers need to be properly trained, and there should be one or two extra mules in each detachment, to supply without delay the place of those beasts that become disabled from casualties. It is the design of this admirable plan to provide and always to have upon the ground wherever the *Corps d'Armée* or any division thereof may be, an equipped detachment of these pack-mules ready to accompany the surgeon, and instantly to go wherever ordered to meet the exigencies of battles and skirmishes.

It is most creditable to the Medical Bueran that such improvements are generously encouraged by its aid and approval; and it is worthy of note that the talented young surgeon who devised this branch of ambulance service has been officially ordered to act as the Director of the "Flying Hospital" in Gen. Sigel's *Corps d'Armée.*

The manifest advantages of such means of transportation where carriage roads are obstructed or wanting, and when the greatest expedition in the movement and placing of supplies is required, render this branch of ambulance service worthy of special attention. Similar reasons would occasionally add to this branch a train of mule litters for transporting disabled men from the field. But the litters are needed only in exceptional instances, while the *flying train of medical supplies* will be required on every battle-field.

E.

New York, Nov. 8, 1862.

MEDICAL DEPARTMENT OF THE WEST.

CIRCULAR NO. 9.

Assistant Surgeon-General's Office,
St. Louis, Mo., Oct. 24th, 1862.

The attention of Medical Directors is called to the fact that the Hospital Fund has been used improperly, and appropriated to other than its legitimate objects.

The Hospital Fund belongs to the Sick Soldier, and is to be expended by the Commissary, upon the requisition of the Surgeon, in the purchase of such articles for his subsistence and comfort, as are not otherwise furnished.

The practice of Medical Officers boarding in Hospitals, and using Hospital supplies, is strictly forbidden. In all cases where this practice is discovered, the names of the Medical Officers will be reported to this Office, that their cases may be submitted to the War Department. The contracts of employed Civilian Surgeons, detected in using the Hospital Fund improperly, will be at once annulled.

R. C. Wood, *Assistant Surgeon-General.*

Dr. Eulenberg has lately made researches to ascertain the connexion between hypertrophy of the heart and disease of the cerebral arteries and apoplexy. He comes to the conclusion that, in by far the greatest number of cases of cerebral hæmorrhage, the predisposing cause is degeneration of the large and small cerebral arteries. The small vessels are fatty, or atrophied and enlarged; the large vessels are calcified and fatty. The results of these conditions are ruptures and apoplectic effusions. A not uncommon cause of apoplexy is aneurism of the larger cerebral arteries. Hypertrophy of the heart is much less frequently associated with apoplexy than arterial degenerations. In one hundred cases of apoplexy, 14.3 per cent. presented no appreciable changes either in the heart or in the great vessels.—*Brit. Jour.*

Dr. Wm. Warren Greene, of Maine, has accepted a Professorship in Berkshire Medical College. During the present term, Prof. G. gives the course on Theory and Practice; and also during the last half of the term fills the chair of Clinical Surgery.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 27th day of October to the 3d day of November, 1862.

Deaths.—Men, 74; women, 78; boys, 83; girls, 94; total, 329. Adults, 152; children, 177; males, 157; females, 172; colored, 4. Infants under two years of age, 120. Children born of native parents, 15; foreign, 135.

Among the causes of death we notice:—Apoplexy, 9; infantile convulsions, 20; croup, 22; diphtheria, 11; scarlet fever, 6; typhus and typhoid fevers, 7; consumption, 56; small-pox, 3; measles, 0; dropsy of head, 7; infantile marasmus, 17; cholera infantum, 1; inflammation of brain, 6; of bowels, 5; of lungs, 20; bronchitis, 9; congestion of brain, 4; of lungs, 4; erysipelas, 0; diarrhœa and dysentery, 10. 166 deaths occurred from acute diseases, and 35 from violent causes. 205 were native, and 115 foreign; of whom 35 came from Ireland; 40 died in the City Charities; of whom 11 were in Bellevue Hospital, and 3 died in the Immigrant Institution.

Abstract of the Atmospherical Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Oct.	Barometer.		Temperature.			Difference of dry and wet bulb. Thrm.		Wind.	Mean amount of cloud.	Humidity Sat'tion, 1000
1862	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	In.	In.	°	°	°	°	°			
25th.	29.17	.22	55	45	64	5	10	S.W.	6	726
26th.	29.30	.47	45	40	50	3	5	N.E.	10	790
27th.	29.68	.50	40	35	44	3	8	NE to SW	8	784
28th.	30.07	.14	40	32	47	5	9	NW to SW	1.7	700
29th.	30.06	.06	51	42	59	7	10	W.	4	570
30th.	30.11	.08	51	43	60	9	12	S.W.	1	514
31st.	30.07	.07	56	50	64	7	11	S.W.	1	590

Remarks.—26th, Rain storm commenced at 11 A.M. 27th, Rain most of the day; barometer, very low; last, hard rain at 4 P.M., fresh and clear late at night. 28th, Mostly clear. 29th, Variable sky. 30th and 31st, Mostly clear.

◆

SPECIAL NOTICES.

New York Sanitary Association.—*A meeting of this Association will be held in the chapel of the Home for the Friendless, No.* 29 *E.* 29*th Street, between Fourth and Madison Avenues, on Thursday, Nov.* 13, *at half-past* 7 *P.M.*

A Discourse on The Causes and Means of Preventing some of the most Important Diseases of the Army, *will be presented by* John H. Griscom, M.D. *The Tent invented by* Gen. G. W. Morgan, *and known as the* Ventilated Hammock Tent, *will be exhibited, and its advantages explained.*

A new Tent d'Abri, *or* Shelter Tent, *combining the several uses of an Overcoat, a Poncho Blanket, and Tent, will also be shown and explained.*

Mr. J. Hyslop *will demonstrate some interesting facts in* Ventilation, *and will exhibit in operation a model of* McKinnell's Concentric Double-Current Ventilator.

Officers and privates, their friends, and all citizens interested in preserving the health and strength of the Army, and those interested in the subjects of Ventilation and Sanitary Reform, are respectfully invited to attend.

Nominations for Officers, to be elected in December for the ensuing year, will be made at this meeting. Annexed are the Provisions of the Constitution relative thereto:—

> "The Annual Election shall be held at the stated meeting in December.
>
> "Nominations for Officers and Members of Council to be elected at the Annual Meeting, shall be made openly at the next preceding stated meeting, and the names of the Nominees shall be recorded by the Secretary, who shall cause the same to be printed on slips, two copies of which shall be sent to each member, with a notice of the Election."

New England Mutual Life Ins. Co.,

BOSTON AND NEW YORK, ORGANIZED 1843. **ASSETS, $2,350,000.** Documents showing the benefits of Life Insurance with the advantages of the Mutual plan, and the superior position and marked success of this Co., and explaining the different kinds of Policies with their methods of payment, may be obtained free of expense, upon application, either personally or by mail, to JOHN HOPPER, Agent and Attorney for the Co., Metropolitan Bank Building, 110 Broadway, New York. ☞ *Parties at a distance may insure from Blanks, which will be forwarded free of expense.*

New York Eye Infirmary,

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LECTURES for the coming winter will begin on WEDNESDAY, OCTOBER 22d. The Course will be made a complete resumé of

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Lectures will be held on

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The means of illustration by colored plates, optical apparatus, and morbid specimens, are ample.

The surgeons have concluded to issue a diploma to those who attend the Lectures and can pass a satisfactory examination.

Fee for Lectures, ...	$10.00
Diploma Fee, ...	5.00

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INTERNAL DISEASES OF THE EYE,

WITH THE OPHTHALMOSCOPE,

will be made during the Lectures, while a more complete acquaintance with these diseases can be had in a private class with Dr. Noyes.

THE CLINIQUES OF THE INFIRMARY,

ON MONDAY, WEDNESDAY, AND FRIDAY,

are free to all medical men and students. More than 5,000 patients are treated annually.

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PREVENTION AND CURE OF CONSUMPTION

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Wholesale orders to be addressed to H. H. SWANN, Pharmacien, 12 rue Castiglione, Paris.

To the Medical Profession.—Dr. I. Parigot has changed his residence and is prepared to receive a very limited number of patients in his country house at Hastings, on the Hudson; he can be consulted in town at Dr. Douglas' Office, No. 12 Clinton Place, on Tuesdays and Saturdays, for Nervous Diseases and Medico-Legal questions.

The original "Elixir of Calisaya Bark."—This elegant and valuable medicinal preparation was introduced to the notice of the Faculty of this city in 1830, by *J. Milhau, the sole Inventor and Manufacturer*, at which date none of those numerous firms were in existence, who, rather than give a new name to a new article, have found it more convenient within a few years to appropriate the above extensively and favorably known title: it is therefore presumable that physicians in prescribing, as for over thirty years, have reference solely to the *original article* made by

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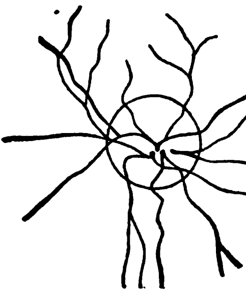
American Journal of Ophthalmology

JULIUS HOMBERGER, M.D., Editor.



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ON MILITARY AND CAMP HOSPITALS,

AND THE

HEALTH OF TROOPS IN THE FIELD.

BY L. BAUDENS,

MEDICAL INSPECTOR OF THE FRENCH ARMY, ETC., ETC.

TRANSLATED AND ANNOTATED BY FRANKLIN B. HOUGH, M.D.,

LATE SANITARY INSPECTOR IN THE ARMY OF THE POTOMAC.

⁂ The above work is the result of a commission sent by the French Government to the Crimea to report upon the condition of the Hospitals and troops of the French army, and incidentally of the English and Sardinian armies. It is written in the form of a narrative, and the great questions of the *prevention and control of disease in camps and hospitals* are thoroughly discussed. The hygienic conditions of the United States Army are similar to those of the armies of the Crimea; the rules and prescriptions given in the book will, therefore, be found perfectly applicable. This work recommends itself to commanders of regiments as well as army surgeons.

From Buffalo Medical Surgical Journal, August, 1862.

The Medical Topography of the Crimea is given in the first chapter and a description of the camps, hospitals, and many other circumstances and conditions of the army are included, together with the geological features of that country. It constitutes a very entertaining and instructive section.

The second chapter is upon rations, and a very minute and reliable account is given of the character, amount, and cost, ot soldiers' food

Chapter 3d—*Camps and Shelters.*—Contains a full description of the construction, location, drainage, ventilation, and other hygienic conditions of the camps, shelters, and hospitals.

Chapter 4th—*Clothes.*—This matter of clothes is a very important one, not only in the view of the soldier, but also in the estimation of the Sanitary Commissioner; many valuable suggestions are made upon the subject of dress.

Part II. is upon *Infirmaries* and *field* hospitals, surgical operations, physicians, chloroform, &c., &c.

Part III. is devoted to hospitals and their diseases, cholera, typhus, &c., &c., in the Crimea, to which is added an appendix, containing many valuable statistics.

This is one of the most readable books we have seen, telling the physician everything he would most desire to know about the Crimean war, and the results of surgical military practice everywhere. It is so attractive and easy in style, that intelligent men of all classes would be greatly interested in it; much of its teaching would be as useful to the military officer as to the surgeon. It is full of suggestions upon the whole subject of military science, though the main facts and observations have reference to the medical provision and treatment of the army.

It is a valuable book, and while we earnestly recommend it to the perusal of physicians, we also bespeak for it consideration, as an open fountain o experience and observation, from which all may draw instruction and entertainment.

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" "	1½	"
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Compound Calomel, Plummer's	3	"
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Blue Pills	3	"
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Compound Squills	4	grs.
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Valerianate of Quinine	1	"
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Valerianate of Iron	1	grs.
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Lupuline	½	grn.
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Nitrate of Silver	¼	grn.
Extract of Hyosciamus	½	"
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Emetine	¼	"
Iodide of Mercury	¼	"
Valerianate Morphine	½	"

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Original Lectures.

LECTURES
ON THE
DIAGNOSIS OF DISEASES OF THE HEART.

DELIVERED AT THE
BELLEVUE HOSPITAL MEDICAL COLLEGE DURING THE PRELIMINARY TERM.
SESSION 1862-63.

By AUSTIN FLINT, M.D.

PROFESSOR OF THE PRINCIPLES AND PRACTICE OF MEDICINE.

LECTURE VI.

Subdivision of the Second of the Heart-Sounds into an Aortic and a Pulmonic Sound.—The Study of these Two Components of the Second Sound separately.—Situations where the Aortic and the Pulmonic Second Sound are to be observed separately, and the Different Characters which belong to each Sound.—Weakening of the Aortic Sound, and Intensification of the Pulmonic Sound in Cases of Mitral Obstructive and Regurgitant Lesions, as the Means of Determining the Existence and Amount of Obstruction or Regurgitation which the Lesions Involve.—Weakening of the Aortic Sound as Evidence of the Damaged Condition of the Aortic Valvular Segments.—Inorganic, Anæmic, or Hæmic Murmurs.—Occurrence of the Mitral Direct Murmur without Mitral Lesions, and the Explanation of this Fact.—Explanation of the Relative Weakness of the Valvular Element of the First Sound, in Health, as Compared with the Second Sound.—Circumstances which Enable us to Determine whether an Aortic Direct Murmur be Organic or Inorganic.—The Venous Hum, or Bruit de Diable.

GENTLEMEN:—My two last lectures were devoted to the signs and symptoms involved in the diagnosis of mitral and aortic lesions. And, since my last lecture was delivered, I have brought before you, in the wards of Bellevue Hospital, cases exemplifying all the murmurs, together with the more important of the symptoms. Collecting together the patients in my own wards, and availing myself of the courtesy of my colleague, Dr. Greene, you have had the opportunity of leisurely observing the diagnostic phenomena in a large number of cases. You have listened to the mitral direct murmur existing alone; to the mitral direct and mitral regurgitant existing together; to the mitral regurgitant alone, and with the aortic direct murmur; to the aortic direct murmur and the aortic regurgitant murmur, each existing alone and associated. In some of these cases the diagnostic symptoms of disease of the heart are present in a marked degree, viz. dyspnœa, lividity, paroxysmal distress, dropsy, jugular pulse, visible pulsation of the arteries, etc.; in other of the cases more or less of these symptoms exist in a less marked degree; and in some of the cases scarcely any symptoms of cardiac disease are present. The ability thus to group together a large collection of cases illustrative of the stages, varieties, and phases of different diseases, is one of the great advantages of so large a hospital as this, adding immensely to the efficiency of didactic teaching. I shall again offer you the opportunity of examining these cases of valvular lesions, in order to review the differential characters of the murmurs, and to study an application of auscultation in such cases, of which I shall now proceed to speak.

I have been careful to state, in the two preceding lectures, that the murmurs which we have considered, important as they are by enabling us to localize lesions and determine, to some extent, their character, do not afford us much, if any, information respecting the gravity of the lesions which they represent. They do not enable us to form an opinion as to the amount of contraction of the orifices, as to the extent of valvular insufficiency, or even as to the existence of either contraction or insufficiency in certain cases. Let it always be borne in mind that we are never to judge of the importance of valvular lesions by the quality, or pitch, or intensity of existing murmurs. Is there no mode by which information may be obtained respecting the damage occasioned by these lesions? There is a mode, and it constitutes a beautiful application of auscultation. The mode to which I refer has reference to the heart-sounds; and, in order to prepare you to understand this application of auscultation, I must ask your attention to certain facts concerning the second sound of the heart in health.

The second sound of the heart we have seen in a previous lecture to be produced by the sudden forcible expansion of the segments of the aortic and pulmonic valves. The three segments at each of the two arterial orifices expand synchronously, and combine to form the second sound. A portion of this sound thus comes from the aortic, and a portion from the pulmonic orifice. Now, the aortic sound and the pulmonic sound may be separated from each other, and each observed separately. Let me explain how this is done.

In my first lecture, on the anatomical relations of the heart, I pointed out the relative course and situation of the aortic and the pulmonic artery. I have delineated these two vessels as they proceed from the heart, on the chest of the living subject now before you. Observe the aorta, at the point where the arch begins, is situated at a point corresponding to the second intercostal space on the right side close to the sternum. At this point it is most accessible. Were I to introduce a small knife in the second intercostal space close to the right margin of the sternum, and incline the point a little under the sternum, I should open the aorta. Now, if you place the stethoscope over this point, and the pectoral extremity of the instrument be not too large, you hear that portion of the second sound of the heart which is produced by the expansion of the aortic segments alone.

Observe that the pulmonic artery, as it leaves the heart, is deflected a little to the left; and observe that at the point where it goes backwards to subdivide, it is situated at the second intercostal space, on the left side, near the sternum. Here this artery is most accessible. A small knife introduced into the chest at this point, would open that artery. Now, the stethoscope placed over this point conducts that portion of the second sound of the heart which is produced by the pulmonic segments alone.

We have then an aortic and a pulmonic sound, combined in the second sound of the heart, and it is practicable to discriminate them in the way just described. What proof is there that this is practicable? The second sound of the heart, as heard in the two situations just mentioned, is not one sound, but two different sounds; that is, the second sound of the heart in these two situations is found to present differences in intensity, quality, and pitch, which show that the sound in each situation emanates from a different source; and, in view of the relations of the two vessels to the thoracic walls, it is fair to conclude that the sound on the left side of the sternum comes from the pulmonic, and that on the right side comes from the aortic orifice.

We may, therefore, distinguish the sound on the left side as the pulmonic, and that on the right side as the aortic second sound. What are the different characters which belong to the aortic and the pulmonic second sound of the heart? I will enumerate them and ask you to verify them for yourselves, by examining healthy persons with reference to this point. The aortic second sound is louder than the pulmonic; it is higher in pitch; it is apparently nearer the ear; it is shorter, and the valvular or clicking quality is more marked. *Per contra*, the pulmonic second sound is less intense than the aortic; it is lower in pitch; it is apparently more distant; it is longer, and the valvular or clicking quality is less marked. These differential characters are more apparent in some persons than in others, but you may easily satisfy yourselves of their correctness. The only character of importance to be recollected with reference to the study of the two sounds in disease, is the intensity—the pulmonic is less intense than the aortic. The other characters are only important as proving the existence of the two sounds which are combined to form the second sound of the heart.

We are now to consider how the facts just stated lead to an interesting and important application of auscultation to ascertain the amount of danger occasioned by valvular lesions. We compare, in the first place, the aortic and pulmonic sounds in order to determine whether the mitral lesions represented by mitral murmurs involve contraction or insufficiency of the mitral orifice, and if so, to what extent? An effect of mitral obstructive and regurgitant lesions is to diminish the intensity of the aortic second sound. This effect is due to the diminished quantity of blood sent from the left ventricle into the aorta with each ventricular systole. The quantity of blood is diminished in proportion to the amount of obstruction or regurgitation. This is sufficiently obvious, and in proportion as the quantity of blood sent into the aorta with each ventricular systole is diminished, the aortic second sound is weakened. Diminished intensity or weakness of the aortic second sound is then a sign that mitral lesions are either obstructive or regurgitant or both.

The weakness of the aortic second sound may render the pulmonic relatively the more intense, but this mitral disparity is increased by another effect of obstructive or regurgitant mitral lesions, viz. an increase or intensification of the pulmonic sound. How is this effect produced? Obstructive and regurgitant mitral lesions, as we have seen, lead first to enlargement of the left auricle, next to pulmonary congestion, and next to hypertrophy of the right ventricle. Now, when they have induced the latter effect viz. hypertrophy of the right ventricle, the blood is propelled from this ventricular cavity into the pulmonic artery in larger quantity and with more force than in health. Moreover, owing to the distension of the left auricle there is an obstacle to the free passage of blood through the pulmonary circuit. The consequence is, the valves of the pulmonic artery are dilated with abnormal force; the force of the recoil is proportionately increased, and the pulmonic second sound is intensified.

Weakening of the aortic, and intensification of the pulmonic second sound, are thus effects of obstruction and regurgitation arising from mitral lesions. We can readily ascertain these effects by comparing, by means of auscultation, the aortic and the pulmonic sound. We listen to the second sound of the beat successively in the second intercostal spaces on the right and left side of the sternum, and we find the pulmonic sound to preponderate over the aortic in intensity, more or less, according to the diminished quantity of blood sent into the aortic, and the amount of hypertrophy of the right ventricle. The greater relative intensity of the pulmonic sound becomes a criterion of the amount of either obstruction or regurgitation, or of both, incidental to mitral lesions. For this truly beautiful application of auscultation we are indebted to Skoda, of Vienna. I shall give you an opportunity of making the application in the cases of mitral lesions now in hospital.

A similar comparison of the aortic and pulmonic second sound is applicable, for the same end, in cases of aortic lesions. Suppose we find, on examining a patient, the aortic direct murmur. This murmur may be due to lesions which occasion more or less obstruction, or it may be due to lesions which are innocuous, or, again, as we shall presently see, it may exist without any lesions whatever. The characters of the murmur give us no definite information respecting the conditions on which it is dependent. An aortic regurgitant murmur shows regurgitation, but the murmur gives no definite information as to the amount of regurgitation; the regurgitant amount may be small or large. Now, it is desirable to know whether the lesions situated at this orifice are of a nature to impair, to a greater or less extent, the aortic valve. Does this valve fulfil its function, and, if not, is it damaged much or little? A comparison of the aortic and pulmonic second sound affords us information with respect to this point. If the valvular segments are not affected, the aortic sound is not weakened, but preserves its normal predominance over the pulmonic. But if, on the other hand, the segments are more or less damaged, the aortic sound is proportionably weakened, and the pulmonic sound becomes, relatively, more intense. The morbid disparity is due, in this case, altogether to weakening of the aortic, and not to an intensification of the pulmonic sound, as in the case of mitral lesions. This is one useful application of the comparison of the two components of the second sound, and our cases at the hospital will also afford practical illustrations of which you will have the opportunity of availing yourselves.

The remainder of this lecture, gentlemen, I shall devote to an important subject connected with the cardiac murmurs. We have thus far considered murmurs which represent organic lesions of the valves or orifices of the heart. But, as I have intimated already more than once, an endocardial murmur may exist without any organic lesions. An abnormal condition of the blood may give rise to a murmur, the valves, the orifices, and the heart, in every respect, being perfectly sound. Such a murmur is distinguished from the murmurs due to lesions of some kind, as an *inorganic murmur;* or, since an inorganic murmur depends on some blood-change generally connected with anæmia, it is often called an *anæmic murmur.* It is also called a *hæmic murmur.* You will, perhaps, imagine that the occurrence of murmur without lesions, must give rise to difficulty and confusion in discriminating an inorganic murmur from those which are due to lesions; the latter, by the way, are distinguished as *organic murmurs.* The discrimination involves less difficulty than you may imagine, and, practically, the occurrence of inorganic murmur occasions no serious inconvenience in diagnosis.

Let me proceed at once to give an account of murmurs which may be produced without lesions. A mitral direct murmur may occur without any *mitral* lesions. I am not aware that any one before me has pointed out this fact. I know it to be a fact. I have met with two examples of this murmur, well marked, in cases in which examinations after death showed the mitral valve and orifice to be entirely free from lesions. In both these cases, however, there were aortic lesions involving insufficiency, and dilatation of the left ventricle. So far as my experience goes, therefore, the mitral direct murmur may exist without *mitral* lesions, but not without aortic lesions. I was at first at a loss how to explain the fact just stated, but reflection on the subject has led to an explanation which is to my mind satisfactory. It is as follows:—Distension of the ventricles with liquid causes the valvular curtains to float towards the orifices and to come into apposition. In fact, experiment shows that the auricular valves may be closed by injecting a liquid into the ventricles from the auricles. This experiment has already been made before you by the professor of physiology. Now, in cases of aortic regurgitant lesions, the left ventricle is already filled with blood by the regurgitant current at the instant when the mitral direct current takes place; and as a consequence, the valvular curtains are already in apposition. Hence, the mitral direct current throws the curtains into vibration, and the murmur is produced. The mitral direct murmur, under these circumstances, and indeed generally, has a peculiar character, due, as I suppose, to the fact that it is produced by vibration of the valvular curtains, and resembling the sound caused by permitting the lips to be thrown into sonorous vibrations with the expired breath.

Let me here make an incidental remark with reference to the valvular element of the first sound of the heart. In speaking of the mechanism of the production of this element in a previous lecture, I was careful to say that it was due to the sudden *tension* of the auricular valves. I did not say the *expansion* of these valves. This element of the first sound is considerably weaker than the second sound of the heart. Whenever we eliminate from the first sound the element of impulsion, the second sound becomes the more intense of the two. The second sound is propagated further from the præcordia than the first sound, because the valvular element of the first sound alone is propagated even for a short distance; the element of impulsion extends but little beyond the præcordia. These clinical facts appeared to me for some time quite inexplicable; but they are now to my mind explicable. The element of impulsion being due to the movements of the apex against the thoracic valves, is limited to the præcordia for the same reason that, as we shall hereafter see, a morbid friction sound is thus limited: and the relative feebleness of the valvular element of the first sound, as compared with the second sound, is due to the fact that the mitral and tricuspid curtains are already floated out and in apposition when the ventricles contract. The blood in the ventricles, when the ventricular systole takes place, does not expand the curtains protecting the auricular curtains—they are already expanded—but they are simply made tense: hence, the sound produced is weaker than the second sound of the heart, notwithstanding the aortic and pulmonic segments are much smaller than the mitral and tricuspid curtains.

To return to the consideration of inorganic murmurs. A mitral regurgitant murmur, and an aortic regurgitant murmur, are never inorganic; the occurrence of regurgitation at these orifices, of course, involves lesions which render the valves more or less insufficient. It is never a question when these murmurs are present, whether they are organic or inorganic. Thus the question, whether an existing murmur be organic or inorganic (exclusive of the mitral direct murmur), relates only to the aortic direct murmur. An aortic direct murmur may be either organic or inorganic. It is determinable in individual cases, whether this murmur be organic or inorganic? In general, this discrimination may be made; but it must be confessed that sometimes it is difficult, and even impossible. Does not the liability, in certain cases, to confound the two murmurs, impair the value of the organic murmur as a sign of aortic lesions? It does not; because, in the cases in which it is difficult or impossible to determine whether the murmur be organic or inorganic, it is of very little practical consequence to make the discrimination. Let me explain this statement:—

If an aortic direct murmur exist in a case in which the heart is found to be enlarged; if it be associated with an aortic regurgitant murmur; if the aortic second sound be impaired, the aortic direct murmur is in all probability organic—aortic lesions are present. But if the murmur exist in a case in which the heart is not enlarged; if an aortic regurgitant murmur be not present; and if the aortic second sound be not impaired, the murmur may be either organic or inorganic; and it is of little practical consequence to determine whether it be organic or inorganic, for, if it be organic, the lesions which give rise to it are innocuous. In other words, whenever the lesions giving rise to an aortic direct murmur are of immediate importance, the heart is more or less enlarged; or an aortic regurgitant murmur coexists; or the aortic second sound is more or less impaired.

In most cases, however, we are able to decide that an aortic direct murmur is inorganic. What are the circumstances which go to show that it is inorganic? I will enumerate the most important. And, first, I have already mentioned three important negative circumstances, viz. absence of cardiac enlargement, of an aortic regurgitant murmur, and of diminished intensity of the aortic second sound. These negative circumstances are to be considered as rendering it probable that the murmur is inorganic.

The existence of anæmia is another circumstance. Inorganic murmurs are generally associated with the obvious appearances of anæmia, viz. pallor of the prolabia and face. Anæmia, however, may exist without marked pallor, and, on the other hand, the murmur is found only in a certain proportion of the cases of well marked anæmia.

An inorganic aortic direct murmur is apt to be associated with an inorganic *pulmonic* direct murmur. We recognise the existence of a murmur in each vessel by disparity as regards pitch and quality. The coexistence of the two murmurs is a circumstance rendering it probable that the aortic direct murmur is inorganic; that both murmurs are due to the same blood-change. I may remark here that a pulmonic direct inorganic murmur not very unfrequently exists without an aortic direct inorganic murmur.

An inorganic murmur is generally soft; yet it is sometimes rough. Roughness, undoubtedly, renders it probable that the murmur is organic. A more important circumstance is the fluctuating character of the murmur. An inorganic murmur varies in intensity at different times, and may be sometimes wanting. An organic murmur is more uniform in intensity, and is almost always uniformly present.

In the cases in which an aortic direct murmur is inorganic, murmurs in the different arteries are generally found —in the carotids, the subclavian, etc. The same blood-change which occasions a murmur at the aortic orifice, gives rise to these arterial murmurs. It is generally easy to determine that the latter are produced within the arteries, not transmitted from the aortic orifice, by differences as regards pitch, and sometimes as regards quality.

Finally, certain cases in which an inorganic aortic direct murmur exists, are characterized by the coexistence of a murmur in the cervical veins. The murmur in the veins is a continuous humming sound, generally known as the *venous hum.* The French term it the *bruit de diable*, but by this title no disrespect is intended to his Satanic majesty. The devil in French is a child's toy—the humming-top—to the sound of which this murmur often bears a close resemblance. The murmur is sometimes loud and musical. It is heard on the right side of the neck oftener than on the left, and is frequently heard only when the patient is sitting or standing, not in the recumbent posture. For its production it is generally necessary that the stethoscope should be applied over the veins of the neck with a certain amount of pressure.

The venous hum was for some time supposed to emanate from the arteries of the neck. Some of the French observers still consider it an arterial murmur. That it is venous may be shown by a very simple procedure. In a case presenting the murmur, slight pressure above the situation where the stethoscope is placed, will cause an immediate suspension of the murmur, which reappears the instant the pressure is removed. It may thus be made to come and go by making and removing the pressure of the finger.

The venous hum is dependent on the same blood-change which occasions arterial murmurs, and an inorganic aortic direct murmur. It coexists often with a carotid murmur, and the latter continues when the venous hum is suspended by pressure above the stethoscope. Its coexistence with an aortic direct murmur is a point in evidence of the latter being inorganic.

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ARMY MEDICAL SCHOOL.—The winter session of the Army Medical School, at Fort Pitt, Chatham, was opened on Wednesday, October 1, when the whole of the students belonging to the school attended in the lecture room. The introductory address was delivered by Professor Parkes. By direction of the War Office authorities the course of study at this school, during the present season, is to be confined exclusively to the junior assistant surgeons of the army. On Wednesday, twenty-seven medical candidates for commissions, and six assistant surgeons, joined the establishment to go through a course of medical instruction. —*Brit. Jour.*

THE alkaline treatment of acute rheumatism appears hitherto to have been untried in France. M. Jacoud, of Hôpital Beaujon, has, however, tried it in six cases, and pronounced himself satisfied with his attempt. "On the third day, the fever was diminished, the pulse was lowered, and the temperature of the body nearer the normal; but the most striking phenomenon was the rapid diminution, not the disappearance, of the pain." —*Brit. Jour.*

Original Communications.

REMARKS ON ALBUMINURIA,

MADE BEFORE THE NEW YORK ACADEMY OF MEDICINE.

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(*Continued from* p. 258.)

In thirty-four uncomplicated cases, it was pale in 17; of sherry or high color in 7, in two of which very red; and of natural color in 10. In these cases it was often turbid, whether pale or high-colored. In twenty-three cases of heart complications, first examinations, it was of high color in 12; pale in 6; natural in 4; and smoky in 1. It was often turbid. In four cases of cirrhosis it was red, apparently with purpurine in 3; rather pale in 1. In four cases of phthisis it was three times high-colored, and once pale. In two cases of paraplegia it was about natural. In two cases of acute mania it was natural in one, and of a brown color in the other.

The examinations reported here, with the exception of the few which were repetitions after a few days, were all first examinations, and in most cases were made anterior to any treatment.

Albumen was found in quantity varying from a mere trace to sufficient to solidify the fluid 85 times in these 108 observations. *In twenty, casts were found, but no albumen.* In two neither casts nor albumen could be discovered; and in fourteen, casts could not be found, although the urine was albuminous. In one, there were albumen and fatty cells; and in one, fatty cells without casts or albumen. As to the *character of the casts*, in forty-two instances hyaline, or perfectly smooth and transparent casts were found. In just one half of these cases the hyaline casts only were found, while in the other half they were associated with granular and fatty casts, chiefly the former. Granular casts were found in forty-one; fatty in fourteen. Many of the latter were also granular. Nuclei were found attached to the hyaline, or oftener to the granular casts, in seventeen; granular or fatty cells much more rarely. Blood casts were noticed five times, and invaginated casts three times.

In twenty of the cases of heart disease, the character of the casts was as follows, viz. hyaline only, 1; granular only, 6; fatty only, 2; hyaline and granular (finely granular) in the same specimen, 9; granular and fatty, 1; hyaline, granular and fatty, 1. In two of the cases of heart disease albumen was not found.

As to the cases in which albumen existed and no casts were found, it is proper to say that often in office and consultation practice there is not an opportunity to make repeated examinations. The patient lives, perhaps, at a distance, and spends but a day or two in town; or a consultation in town is called once, and is not repeated. Then again, the specimens sent are not always the most favorable to a correct knowledge of all the facts. When the secretion has been standing for some time in a vessel, and a phial is filled from the surface fluid, the sedimentary matters, including the casts, may have subsided sufficiently to be all left behind. It occasionally happens that the specific gravity of the urine and of the casts is so nearly the same, that the latter will not subside for days, and in that time alkaline decomposition has perhaps occurred, which loads the sediment with phosphates and vibriones, and so renders the discovery of casts very difficult, if not impossible. These negative results then must be received with hesitation when albuminous urine and the symptoms furnish the means of diagnosis. The instances in which these casts were not found were as follows:—Two were cases of acute albuminuria, and both, as far as is known, recovered; six had confirmed Bright's disease, and died of it; one has Bright's disease, but still survives; and of five, the subsequent history is not known.

Regarding the *absence of albumen, and the presence of casts.* This is to be looked for chiefly when the kidney is contracted; but it is well known that in the other variety, albumen often disappears in the course of the treatment to appear again at a later period. Whether in such cases the casts are still recognisable I cannot now say. I have neglected to make notes on that point, and am not willing to trust to memory alone in the attempt to establish a rule. Regarding the twenty cases referred to above, they were instances in which albumen had not, so far as is known, existed at any time. In most of them the examination was repeated many times, and the patients kept under observation for months, some of them for years. In a few a little albumen could sometimes be found, oftener in the last weeks of life. The casts were, in all, either of the hyaline or granular variety, though in some they were coarsely granular. As bearing on the question raised in the earlier part of this discussion, whether such casts under such circumstances are an indication of Bright's disease, I will state all that I know relating to the subsequent history of these cases.

Observed during the last five months, none yet showing any unequivocal signs of Bright's disease,	5
Observed in the last four years, all dead, all giving evidence of Bright's disease before death, diagnosis confirmed by autopsy in two only,	8
Observed in 1838, April and May, paraplegia and cystitis, recovered, but has died within a short time, it is said of spinal disease, not seen by me since Aug. 1858,	1
Occurred with acute mania, two, and two and a half years ago, albumen disappeared with that disease, both now in ordinary health,	2
Noticed three and a half years ago with periodical neuralgia, no other sign of Bright's disease since,	1
Noticed in January, 1858, both having oxaluria, and one moderate heart disease, no other sign of Bright's disease since,	2
Noticed in April, 1859, paraplegia, no other signs of Bright's disease since,	1

Here there are six instances in which casts, hyaline and granular (finely granular), three with nuclei attached, have been noticed, and in a period of two to four years afterwards no other sign of kidney disorganization has appeared, while in eight other persons, presenting at first the same indication, and as far as relates to the urine nothing else, Bright's disease existed and proved fatal in the same period. But it is proper to add that among the fatal cases three had disease of the heart, and two had cirrhosis at the time the examination of the urine was first made.

The *sedimentary matters* found in albuminous urine, beside the casts, are very variable, and with two or three exceptions seem to be of but little importance. Blood was found nineteen times; kidney cells, mostly fatty, a few granular, fourteen times; pus usually in small quantity, forty-six times, in males thirty-four, and in females fourteen; nuclei of the kidney cells, healthy or granular, often. These have their significance. The less important matters were, oxalate of lime in 26; spores of penicillium glaucum in 24 (often this and the oxalate of lime concurring); uric acid in 20; urate of ammonia, amorphous, in 13; vaginal epithelium from nearly all the adult female patients; mucus, very commonly; healthy or effete bladder cells, often; organic globules, large or small, pretty frequently; columnar epithelium, tube casts of oxalate of lime, and sarcinæ, each once. The urine was acid in all the specimens, except one, and that contained casts, phosphates, and pus, from paraplegia and cystitis.

Hæmatoidine was found in forty-eight of these cases, usually in scales, a few times only in granules, often very abundant. I have been led to attach some importance to the presence of this substance, as an indication of congestive action. It is often produced by other diseases of the kidney, or may originate in the bladder, but its occurrence in nearly half the cases of Bright's disease is worthy of notice.

The usual tests of albumen, heat and nitric acid, have not been absolutely uniform in their action. It often happens that in alkaline urine, heat will not precipitate the albumen, but when the secretion is acid, we rely on it with confidence. Mrs. J. had disease of the heart, pleurisy with serous effusion, and extensive anasarca. Her urine was often examined and always contained casts and albumen, manifest to the usual tests, except on one occasion; then, although it was acid as usual, it was perfectly transparent after it had been boiled, and equally so after the addition of nitric acid, until it had stood a long time; at length albumen appeared in a very copious precipitate in that treated by nitric acid. After that it behaved again as albuminous urine usually does. The urine of Mr. A. F. (having cardiac disease) was examined Sept. 22d, and gave decided reaction both to heat and nitric acid. It also contained casts with nuclei attached. On the 30th it still contained casts, hyaline and granular, and was acid; but neither heat nor nitric acid in the cold urine could detect the least trace of albumen, but nitric acid added to the heated urine, gave decided precipitation. In several subsequent examinations the albumen was precipitated in the usual way, by both these tests. These anomalies depend doubtless on some unusual relations of the albumen, but what these unusual relations are my chemical knowledge does not enable me to explain.

Before leaving this branch of the subject, the two cases in which neither casts nor albumen could be found, require explanation. One was pregnant, several months advanced, had had heart disease for two years or more, was much swollen with œdema, had the complexion of Bright's disease. The urine was two or three times examined, with the result above stated. I did not see her during the last weeks of her life, and do not know the state of the urine in that time. The kidneys were found after death large and white. The other case was that of a gentleman who came to town to be treated for cirrhosis and died here. His kidneys were fibrous and contracted. The urine was always high-colored and scanty, as it usually is in cirrhosis. He died about the 6th of February. From the 1st of January to the 3d of February, examinations were made repeatedly and carefully, without discovering either albumen or casts. But at the latter date, the urine having diminished to about three ounces a day, casts were found in sufficient quantity. The immediate cause of his death was secondary meningitis. In stating then that in two instances of Bright's disease, the albumen and casts were both absent, I do not wish to be understood as saying that they were absent from the beginning to the end, but that they were absent for a considerable time, and at a period when a diagnosis was called for, and in fact was made, but based on the general symptoms, and was afterwards verified.

In these remarks thus far, I have not mentioned "the gouty kidney" and "the mixed kidney." The first of these denominations has been applied to the contracted kidney. We have so little of gout in this country, that I have not had many opportunities of tracing the connexion between it and Bright's disease. That the contracted kidney is occasionally met with in persons who have been subject to attacks of gout is clearly shown. That the condition of blood which produces the gout produces also the renal disease is suspected, and it may be so. Even if it is, the small kidney is commonly found, at least in this country, in persons who have never had the gout. The term "gouty kidney" has then less title to the possession of the contracted kidney than its rival "spirit kidney." I suppose the whole truth is stated by Dr. Geo. Johnson (p. 79): "When we come to examine the condition of the kidney which is found in connexion with gout, we shall see that it differs in no respect from other instances of chronic renal disease unconnected with the gouty constitution." I may be justified then in using the term only to reject it.

In the view that I am compelled to take of renal pathology, "the mixed kidney" can hardly be treated with any more courtesy. We have seen that almost all the diseased kidneys that I have described are *mixed kidneys;* that is, the articular lesion, which in its excess determines the variety in Bright's disease, is to be found in the opposite variety in greater or less degree. A single morbid condition does not occur alone, except at the very outset of the affection, and when the variety is not clearly determinable. The phrase has currency with those who hold that the varieties are so many distinct and separate forms of disease.

There is one remark more which I wish to make, and but one, before I speak of treatment. It relates to the œdema that is observed in cardiac affections. Some surprise or rather doubt has been expressed regarding the dependence of renal on cardiac disease, as I have stated it in these remarks. I shall soon quote the observations of others on this point, or rather regarding their concurrence. I wish now to say more distinctly than I have said, that dropsies which occur in diseases of the heart do not usually occur until the urine is ready to give proofs of grave changes in the kidney. I do not say that there is no such thing as cardiac dropsy, and yet, with very few exceptions, in some years, I have not failed to find the evidence of renal disease, whenever what is called cardiac anasarca has appeared.

Mr. President, I approach the last important topic in this formidable disease with hesitation and serious misgivings. The profession have wrestled with the malady now for more than a quarter of a century, and it may be pertinently asked whether they have gained any important advantages over it. In its chronic and most common form, if the affection is ever to be ranked among the curable diseases, the appropriate treatment is yet to be discovered. I often hear physicians say that they cure it uniformly. One relies on the mercurials and believes them sovereign; another has confidence in the specific virtues of chalybeates; a third believes in diuretics, and a fourth in active catharsis. But let the too confident practitioner wait a few weeks, or months it may be, and he will find that the fire he may have slackened is not extinguished. Indeed if he will faithfully study the indications of chemistry and the microscope, his hopes will not often ripen into confidence. I cannot say that no man ever cured the disease. I cannot even say that I have not assisted in its cure, for large numbers of hospital and consultation patients have been relieved and have passed out of the reach of my observation. The worst I can say, and unfortunately the best, is, that among the chronic cases which I have been able to follow to an issue, often through years, that issue has been one and invariable; I *do not know* that I have ever radically cured a case. To palliate, to prolong life, and even to render it comfortable after it has been gravely threatened; to liberate it, for a time at least, from a load of suffering that makes it worthless, this we can often do; I think we can do it in a large majority of the cases, if we see them in the earlier stages.

To overcome those influences which are causing the disorganization of the kidneys is the first great requisite for cure. These we cannot claim that we understand sufficiently to know how to oppose them successfully. The changed condition of the kidneys is the great pathological fact; this we cannot remedy till we can remove its cause. The uræmia is the great semeiological, or perhaps I shall be excused for saying semeiogenic fact. We cannot stop the production of urea in the tissues, or prevent its entrance into the blood. We cannot force the kidneys to a complete elimination of it till we can restore them to a more healthy state, and this will be equally true whatever theory we adopt of the origin of the disease. We know of no antidote for the poisonous effects of the accumulated urea; chemistry has not suggested a neutralizer. There are other avenues, it is true, through which the poison may escape in limited quantities, but these vicarious agencies in the end prove inadequate, and are always capricious and uncertain. We can, I believe, often relieve the kidneys of their congestion, and so retard or delay the fatal lesions in them. But after all, the treatment of Bright's disease, as we now prescribe it, is little more than a treatment of its symptoms and its complications.

(To be Continued.)

ON RESECTIONS IN MILITARY SURGERY,

AT A LATE OR EARLY PERIOD OF THE WOUND.

BEING REMARKS AND FACTS ON THE PROBABILITY OF A GREATER AMOUNT OF SUCCESS IN THE LATTER.

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Whoever has the conviction, will find sufficient facts and reason to sustain it, that the results of resection in military surgery are not equally conservative of life and limb with those in civil surgery: for in the former, nearly all the conditions and circumstances pertaining to the operation vary widely from those in the latter. In these the physiology of subjects of diseases and accidents incident to bones, is not remarkably disadvantageous or unfavorable to recovery. There is absent destruction of the tissues, shock to the system, and all the grave incidents pertaining to being shot in battle. Prior to the event, too, the privation and hardships, the conditions of a loss of health and vigor, to which the soldier is subject, have disqualified his system for the play of the ordinary force and vigor in the restorative functions required to reunite the wound.

When, too, the wound is first received, the great surface it opens to the action of the air and other exterior influences, becomes at once the nisus of a most morbid and destructive activity of the reproductive or cellular elements of the rent tissues—one *which by a continued reflex action is adverse to and vitiates the various functions.* From therefore the very moment these conditions and circumstances concur, the wounded man's health is impaired and endangered; but this is not all. He cannot take the ordinary amount of food, nor can even this be properly dissolved and appropriated to *replenish* the blood—a process itself the leading one in the nourishment of the body and the normal continuance of the functions.

Moreover, with this decrease of the sum of the functions, a *slackening* of the forces of life—the suppurative process continues unabated. He lies in a hospital crowded with others in the same condition, while the therapeutical means of his recovery are necessarily not the best the resources of science present. Combined with these circumstances is that distressing malady, the ineffectual longing for home, and the terrible foreboding and dread, which the sight of frequent death in his presence causes.

But these circumstances are all absent in the case of the civilian subjected to the same operation. It is done with the greatest care and circumspection, lest it fail, and the reputation of the surgeon be impaired. In civil life, the diseases of the resectable bones, if unbroken, are generally not such as really impair the system; and in case they are broken, the wound, if any, is not usually extensive. The soft tissues are not rent and lacerated as with a destructive projectile. The wound of operation is immediately cared for, and the patient when operated on is in charge of attentive friends and surgeons anxious to all the conditions of his welfare. If it is an operation in case of disease, the soft tissues while freshly cut are brought into apposition and if it is a case of compound or comminuted fracture, with a small external wound, this is equally the case.

Such is the difference between the one and the other—a difference wide enough to sustain us in our previously expressed conviction, without mention of the general disturbance of anatomical attachment of the soft tissues to the bone by the crashing power of the ball, or the liability of the soldier to purulent infection in the hospital, both of which are, however, paramount disadvantages, from which the civil subject of resection is exempt.

But we are fully experienced in a considerable number of cases of resection of wounded bones, which led to and sustain the conviction we present. So far as we know, the largest number of resections done on wounded soldiers, in any one hospital practice, were those done at the General Hospital, Fortress Monroe. Up to the month of July, we knew of fifteen cases, seven of which we were witness to, and all but one of which we were perfectly familiar with the circumstances and results of. Of these, eleven were resections of the continuity or contiguity of the humerus, and four of the middle and upper half of the shaft of the femur. Add to these five cases performed by myself on the wounded at the battle of Baton Rouge, four of which were of the head and neck of the humerus, and one of the head and neck of the femur. Of these twenty cases four only finally recovered. None of those of the femur did so, though one was still alive when I last left the General Hospital on the third of July. Of the fifteen operations, all were done well—perhaps admirably. All of my own were done without any of the proper peculiar instruments for the operation, and were therefore imperfectly, and perhaps less expertly done than the others. One of these survived, and has so far recovered as to show that he will undoubtedly have a good arm. The first fifteen operations were done at varying periods after the receipt of the wound—that is, from a week to three weeks after suppuration had been established. Not more than four of these did favorably continuously from the day of the operation.

Of the five cases, the operation was done on the third and fifth days after the wounding, after suppuration was fully established. The successful case was the first operated upon. The operation was the single straight incision. The others were all the U incision. The former I consider the most advantageous, and there are various reasons for uniformly preferring it to any other form in resection of the head or shaft of the humerus. All the resections of the humerus in the fifteen cases were by flap incisions—some V and some U-shaped. The treatment in all these cases was the supporting bandage, kept wet, with iron and other tonics internally.

Seeing that the results of the cases vary so greatly from the well known large proportion of successes in resection of the same bones in civil practice, the question presents itself—Would there not be a larger proportion of successes in the former, if the operation were done while the wound is fresh or very recent? Undoubtedly where there is extensive comminution of the wound, permitting the fragments of bone to remain, increasing the amount and extent of the suppuration, we do not know what the result of an immediate resection would be. Hitherto the practice of military surgery was always to postpone for a greater or less period, operative procedure in those cases, and this for the reason that the surgeon, not considering this class of cases as requiring it at once, and not finding it *easy* to ascertain the exact extent of the wounds of the bone, left them to be *determined by time.* But this must be an inferior, if not mistaken practice, and one adverse to all accredited rules of ordinary therapeutics, which is to *do* the best *at the time* of the difficulty. It is to leave surgical interference undone, and its doing to *turn* upon the very morbid and destructive process, consecutive to wounds, which surgical interference should be the very first to avert and prevent or lessen. Perhaps this discrepancy is accounted for by the absence of any positive rules, deduced from sufficient experience, of the results of immediate resection in military surgery; and the same practice would be the case in amputations were we without rules, likewise so deduced from sufficient experience in them, for the guidance of the surgeon. But such rules for the moment of resection in the comminution of bones by gunshot wounds in soldiers, it should be our first business to settle while the opportunity lasts. Of course the case *is* as it at present stands, because in surgery as in all other branches of science, the order of departure or advancement from the doubtful is, by sufficient experience, to the positive.

In military *amputations* such rules are more or less established, and many of the reasons upon which they are sustained for *immediate* amputation, are equally forcible for immediate resection. Where the continuity of a bone is broken, or comminuted, or crushed, the amount of morbid irritation is remarkable—it cannot be exceeded—and can only be allayed by the total removal of the offending bodies. Certainly surgeons are directed by written authorities to remove all detached fragments of bone, on the first examination; but this is very rarely more than partly done, and seldom done at all, except of minute pieces, or others which come away with but little traction on the forceps, and without requiring further detachment. I am experienced in a considerable number, perhaps many cases, where I, not being in charge of the wounded patients, pleaded for a free incisive exploration, to ascertain and to extract all the pieces completely broken from the larger remaining parts of the shaft, but it was denied. Sometimes, in cases where the suppurative and sloughing action, which they in part caused, had been established many days without abatement or sign of improvement. If at this period of the wound, however, the surgeon, up to this moment, constant to the practice of waiting, perform resection, the tissues involved can neither take part in a reparative process, nor become a part of what is saved by resection. The system itself is at the lowest grade of vigor, and in the very poorest condition to sustain the operation, besides the special infirmity consequent on the continued suppuration of the first wound. I have witnessed several such cases in which the operation at this period was followed by gangrene, and required the second operation of amputation. And it is precisely here we see the paramount disadvantages which constitute the grave difference between the civil and the military view of resection—*a difference which may be sufficient to account for the great disparity in the results of resections* in the two so far as I present them. The first, in the majority of cases, prior to the period of the operation, undergoes none of this long suppurative stage, and it was this which led me to suppose that resections in military surgery while the wound is still fresh, if well done, would turn out much more conservative than our record of cases proves. Moreover, it has always seemed to me, that where the large or larger parts of the shaft of the bone, remaining consolidated with its soft tissue, is disconnected by a complete break from a smaller piece, whether between the two there is obvious displacement or not, the latter should be removed, for it can be explained, in disproof of any objection to this, that the physiological condition of a broken bone, with this line of demarkation, at the other end of which there is an *absence* of the fragments carried away, is very different from that of a bone accidentally fractured, where, however complete, the fracture there is no *loss* of part or parts of the bone; and conversely, it seems to me that where the larger part of the shaft of the bone consolidated with its tissues, at the end where the *loss* exists, was broken off obliquely, or so as to present a large portion of its spongy portion, this need not in resection be sawed off up to a point where the natural diameter is complete, but simply rounded off.

(*To be Continued.*)

Reports of Societies.

NEW YORK ACADEMY OF MEDICINE.

STATED MEETING, June 18, 1862.

DR. JAMES ANDERSON, PRESIDENT, IN THE CHAIR.

DISCUSSION OF DR. BYRNE'S PAPER ON PELVIC HÆMATOCELE.

(*Continued from page 260.*)

DR. BARKER—By the term pelvic hæmatocele is meant precisely the same as that affection styled by Simpson hæmatoma, or an extravasation of blood in the pelvic cavity. The French authors have divided it into two forms—the intra-peritoneal hæmatocele, where the blood is extravasated between the wall of the uterus and the peritoneal covering, and extra-peritoneal effusion, where the infiltration of blood takes place in the cellular tissue behind the peritoneal cavity, and between the uterus and the rectum.

A great deal of discussion has taken place among the French authors as to the comparative frequency and rarity of these two forms, as to the comparative danger, and as to the comparative treatment of each. No man has ever seen a large number of cases, and hence no great deductions can be drawn from the experience of any single individual.

Now I do not propose this evening to go over the whole ground of pelvic hæmatocele, but, taking the paper of Dr. Byrne and the case which has just been read as a basis for my remark, to discuss a few points relative to its pathology, semeiology, and treatment.

As I have such a high appreciation of the paper of Dr. Byrne, I shall not hesitate to criticise it where I differ from the author. In one respect it strikes me the author is quite wrong. He regards the disease as due in a large proportion of instances to antecedent ovarian inflammation. In the course of the essay he quotes from Tilt, Ashwell, and others, who are disposed to consider ovarian inflammation very frequent, and very often the cause of pelvic hæmatocele, and I do not think I use too strong an expression when I say that he sneers at the views of Henry Bennet upon the subject, who regards ovaritis as a very rare disease. Now, I think, the difference between Henry Bennet on the one hand, and West, Ashwell, and others on the other hand, is this—Bennet writes from a careful study of the disease as it appears to him at the bedside, and not from the study of authors, or from any preconceived theories. The more enlarged my experience becomes, the more I am convinced of the truthfulness and accurateness of Bennet. I do not agree with him in everything that he says, but in most respects I find reason to accept his views. In my own observation acute inflammation of the ovaries unassociated with parturition is one of the most rare affections ever met with. I doubt very much if I have ever seen a clear well marked case, and I have been for years looking for its existence in the dead-house. I do not mean to say that it does not, or that it cannot exist; but I do say that it is of very rare occurrence. Tilt describes subacute ovaritis, and let any young medical man or medical student read his book, and he will be disposed to think that subacute ovaritis unassociated with the puerperal state is one of the most common of female diseases. In the puerperal state we may often meet this disease, but I am speaking of it unconnected with such a cause. Now, my reasons for believing that Dr. Tilt, and all the authors that have accepted his views, are wrong on this point, are these: that in very many of those cases I have seen those very symptoms which he describes as characteristic of subacute ovaritis associated with diseases of the uterus, especially of the cervix, and entirely disappear by the cure of the local lesion. But I go still further than this; I have developed that class of phenomena which Dr. Tilt considered as characterizing ovaritis by my treatment of the diseases of the cervix uteri, that is to say, in patients who have induration, etc., of the cervix requiring local applications, and where, previous to these applications, none of those symptoms referable to the ovary had existed. I have produced the symptoms to that extent that if we accept the description of that disease one would be ready to believe that ovaritis actually existed. These symptoms have all disappeared when the disease of the cervix disappeared, and when the applications were discontinued. So then I regard all these symptoms which have been characterized as belonging to subacute ovaritis in the same light as the surgeon regards the irritable testis and irritable mamma—a special form of neuralgia, if you please. It is not the definition that I should use, though I am not aware that the surgeons have told us precisely what this condition is. I consider then these symptoms of ovaritis as secondary to disease of the uterus in the vast majority of cases.

Therefore I cannot agree with Dr. Byrne in the belief that pelvic hæmatocele is almost invariably secondary to this disease of the ovary. But it is found that pelvic hæmatocele is developed in a large proportion of cases immediately in connexion with the function of menstruation; in the very large proportion of cases in connexion with the physiological congestion of the uterus and appendages. In some rare cases it follows abortion, but it is not, properly speaking, a disease of parturition. I have studied all the reported cases very carefully, and it seems to me that that must have been a mistake in the diagnosis in relation to its connexion with parturition; I think a careful analysis of the symptoms would show this to be so. There is one reason why hæmatocele should not follow parturition, for profuse discharge of blood from the internal surface of the uterus, by emptying the vessels, would be a prophylactic of hæmatocele. It has been supposed that hæmatocele occurred from a rupture from the vessels of the ovary, that we had hæmorrhage resulting from them, and that hæmatocele was an extravasation following this. The ovary is not an excessively vascular organ, it does not possess vessels enough to give off from eight ounces to two or three pounds of blood. There are some cases of ovarian apoplexy, where blood finds its way into the tissue of the organ; we see ovarian clots in the dead-house often enough, but this is entirely distinct from hæmatocele. Although hæmatocele usually comes on immediately after menstruation, I think it due to a rupture of the vessels entirely distinct from those of the ovary. In many of the cases where an autopsy has been made the utero-ovarian vessels were found in a varicose state; in some cases where the examination has been made, it is found that there was an aneurismal enlargement of the vessels, and in a certain case, the one reported by Tilt, there was found an aneurism of the small branch of the internal iliac. But I think this is to be regarded as something different from what we are discussing.

But while I do not accept acute inflammation of the ovary as a special predisposing cause of this disease, I do think it results from some exciting active causes which produce sudden congestion and rupture of some of the vessels connected with the uterine organ or its appendages. This may be, as in some instances, a rupture resulting for instance from occlusion of the uterus, so that there is a reflux of blood from the uterine cavity at the time of menstruation through the Fallopian tubes and fimbriated extremity, and the blood is discharged there. In a few instances the autopsy has shown this to be the explanation. In other cases the cause seems to be double. The organ becomes very much congested, an accumulation takes place in the Fallopian tubes, until one of them, distended by the formation of a clot, produces a rupture of its tissue, the blood is then gradually discharged into its nisus, either intra or sub-peritoneal, and the gradual accumulation of the clot separates it off until a large amount of effusion takes place there.

Now another point is as to the diagnosis of this disease. In the first place, the symptoms of hæmatocele come on suddenly; they occur from some exciting cause, and are produced suddenly. With all due respect to the judgment of the author, I cannot consider his first case as one of pelvic hæmatocele. If we judge it by his tests, by the symptoms he has detailed on page 13, I think the conclusion must be that it is a case of pelvic cellulitis. Now the diseases which it is necessary to distinguish from pelvic hæmatocele or which may be mistaken for pelvic hæmatocele, are in the first place pelvic cellulitis, or inflammation of the areolar tissue of the pelvic cavity. This is distinguished from pelvic hæmatocele by the following:—Cellulitis is ushered in by chills, followed by fever. It is accompanied by intense pain at the point where the effusion takes place, and forms a tumor in the pelvic cavity which is exquisitely tender and non-elastic; that is, in the first stage, but subsequently when the process of suppuration goes on, we get a distinct mark of *fluctuation*. Now all this is a process of some days' duration, during which the patient has all these symptoms which characterize acute inflammation, and subsequently those which characterize the formation of pus. But the symptoms which characterize pelvic hæmatocele are ushered in with great rapidity, and they are symptoms which do not express or represent inflammation, but hæmorrhage. There are evidences of excessive prostration—pallor, a very small and feeble pulse, and subsequently anæmia. Most generally, I have seen that it has been followed by symptoms of intense local peritonitis. The patient complains of most severe and intense pain in the pelvic region, but not the exquisite local tenderness of cellulitis. When we have a tumor resulting from inflammation of the areolar tissue of the pelvic cavity, it is exquisitely sensitive and non-elastic until we get suppuration and a distinct fluctuation, but no tenderness of the abdomen, unless it is associated with peritoneal inflammation. The tenderness on examination of this tumor is tolerable, not at all in proportion to the exquisite sensitiveness of pelvic cellulitis. This patient would allow the tumor to be raised up. Introducing my finger into the rectum, I could lift up the tumor, I could carry it forward somewhat without causing any great appearance of distress, which would not be possible in pelvic cellulitis.

I need not stop to discuss the diagnosis between pelvic hæmatocele and retroversion. It is said to have been mistaken for it. Without stopping to discuss the various symptoms of retroversion I will mention one sign which will serve to guard against any possible error—the use of the sound. If by this instrument we find the axis in its normal relation, this, exclusive of all other signs, will determine the distinction between hæmatocele and retroversion. A superficial examination might lead one to suppose retroversion to exist, because some of its symptoms are like those which usher in pelvic hæmatocele, for the patient has great difficulty for two or three days in micturition and frequent evacuations, but these are not associated with symptoms of peritoneal inflammation.

Dr. Byrne in his paper alludes to the possibility of mistaking this disease for dislocated tumors, fibrous tumors, and extra-uterine fœtation, but I think the antecedent history and the want of the explosion of symptoms will be sufficient to make the diagnosis very clear. I have recently seen a case of cancerous disease in the pelvis which, in its physical signs, resembles hæmatocele. This is not included as being a pathological condition which might possibly be mistaken for that disease. I have seen but three cases of carcinoma of the colloid form in the pelvic cavity. Of these three cases two died very rapidly within two months. The last case I have seen in consultation with Dr. Buck and Dr. Linsly, where the symptoms commenced six weeks since. In that case there is a soft elastic tumor not connected anteriorly with the uterus, but connected posteriorly to the organ and laterally. The sensation of examining the tumor was very like the sensation given by pelvic hæmatocele, but the patient is some fifty-four or fifty-five years of age, and no case of hæmatocele as yet has been reported, that I have seen, when the patient has passed through menstrual life, except in the instance alluded to—rupture of an aneurism, which should rather be considered a surgical lesion. Then again the development of the disease is not by the explosion of the symptoms of collapse and anæmia followed by intense peritoneal inflammation, but it has been accomplished throughout without pain but with marked cancerous cachexia.

As to some of the exciting causes, I have already spoken of menstruation as being the predisposing, as most of the cases have occurred in connexion with the catamenial period. Of the exciting causes excessive coition has been mentioned as one, excessive shock or cold, injuries, falls, or miscarriages, or excessive constipation. For instance, this patient, whose case is reported to-night, says that she had a miscarriage at two weeks. She had gone two weeks over her usual catamenial period, and she believed she had miscarriage, because a substance somewhat like a fleshy piece escaped from the vagina unattended with pain. When the symptoms came on, she was moving. After very careful questioning, I believe she had no miscarriage at all, and that the substance was probably a coagulum which passed from the uterus at the time the effusion took place; but still this cannot be definitely determined.

In a patient whom I saw in her first confinement, and who afterwards moved to Astoria, and who suffered some time from chronic metritis, this explosion of symptoms belonging to hæmatocele took place. She was at the time under the care of my friend Dr. Trask, and I need not say to any who have read his papers, that he is a most careful investigator and one of the best analytical minds in the profession. He had never seen a case of hæmatocele, and is disposed to doubt whether there is one. This patient was taken, after using an injection of cold water, with symptoms of intense pain of the peritoneum, followed by great tympanitis, and by profuse hæmorrhage from the uterus. By profuse I mean a sudden discharge, although the aggregate amount was not great; but it was followed by excessive collapse, so that for days, and I visited the case sometimes twice a day, it was doubtful whether she could live from one hour to another. There was great difficulty in evacuating her bowels, and her bladder was in a condition to require the use of the catheter. Peritonitis was quite intense, and a tumor was developed behind the pelvic cavity which lasted many months, when pus formed and discharged. Dr. Trask from this circumstance was disposed to think that we had an abscess of the posterior wall of the uterus. In reference to this disease, I need not say that, unassociated with parturition, it is even more rare than ovaritis.

Another case which came under my observation, occurred in a young lady, nineteen years of age. She went to a ball just as menstruation was commencing, and danced nearly all the night. Residing only two and a half blocks from the place of the ball, she walked home in thin slippers, at a very late hour in the night or a very early hour in the morning. About five o'clock the same morning she was taken with intense pain and prostration following some discharge of blood from the uterus. Death occurred on the third day. I saw her in consultation on the second day, when the existence of an elastic tumor behind the uterus was clearly made out, and the concurrent symptoms left no doubt in my mind as to the nature of the case.

Another case which I visited was in consultation with a gentleman I see present. The patient was married first at the age of eighteen, and a year after her husband died of phthisis. At the age of twenty-three she married a second time, and the third night after she was taken with the symptoms of a profuse discharge of blood. In this case, in which there was excessive prostration, nausea, faintness, and vomiting, which kept up for several days with coldness of the surface, very rapid and feeble pulse, and intense abdominal pain, there was a large tumor formed in the pelvic cavity, and after she had been under observation for several months she was eventually cured.

(*To be Continued.*)

NEW YORK COUNTY MEDICAL SOCIETY.

ALFRED UNDERHILL, M.D., PRESIDENT.

Reported by Guido Furman, M.D., Secretary.

A STATED Meeting of this society was held on Monday evening, the 3d instant, at the College of Physicians and Surgeons. The meeting was an interesting one, and well attended. Prior to commencing business, Dr. Alfred Underhill, the newly elected President, delivered the following inaugural address:—

Gentlemen of the New York County Medical Society:—Having been elected your presiding officer for the ensuing year, you will credit me when I say that I have not the vanity to think this manifestation of respect emanates from any special merit of my own, for a position once held by so many distinguished gentlemen who have preceded me, such as Romayne, its first president, as Hosack, Beck, Johnston, and others, of the highest grade in our profession, but as being wholly complimentary on your part; you will therefore allow me to express to you my sincere thanks for the honor conferred upon me. And at the same time, gentlemen, I would congratulate you upon the measured success which has already followed your efforts of the last two years to resuscitate this society from a state of desuetude and feebleness of several years' duration, to that of activity and usefulness.

The New York County Medical Society is one of the old institutions of New York; it has had an existence of more than half a century, during which long period its history has been, like everything of human invention, of varied and chequered fortune; sometimes all buoyant with successful effort; sometimes struggling for its very existance, as in these latter days, when in the fostering hands of your retiring president it has been warmed into life again, and is, we trust, still to go on increasing in reputation until it shall compare favorably with any period of its brightest prosperity.

In the earliest act of incorporation by the legislature we find it stated that, among other objects to be attained besides the regulating the practice of Physic and Surgery, was the contributing to and disseminating the knowledge of the healing art. At this day, societies for various purposes exist in large numbers in every direction and in every land; the principle of association or combination of individuals for mutual advantage, common to them all, is not of modern origin, but may be traced back for many centuries; it now, however, has a more general adaptation to the wants of mankind than at any former period, it is adopted in all civilized communities, and in almost every pursuit of life; we see this exemplified in banking institutions and other corporations, in trade and commerce, in benevolent societies, and in institutions of learning. Upon this principle of association, which has been found so potent for good to masses of men, this society was established, and, without doubt, if its members had continued to give to its legitimate claims a fair degree of their efforts, in place of making it an arena for cliqueism, for violent debate and invective, and, indeed, for almost all purposes than that of medicine proper, causing a large majority of its members to shun its halls, and even an aversion to its very name—it would have escaped that long sleep of suspended animation from which it has just awakened, and at this day have been honored as the first in character and influence in our city in medical and surgical science.

But now the thick mists and clouds which have so long enveloped it are passing away, and we have fairly entered upon what we may hope is a new epoch in its history; and although its meetings are attended by a limited number of its long list of members, the greater part of whom have become interested in other kindred associations, there are those among us who will labor and study for its interest and success.

The present time is one of fearful and momentous concern, both to our whole country and to ourselves as medical men—a time when all the power of this government is brought into the most active operation to put down a rebellion unexampled in the history of the world—when immense armies, such as have been never before gathered, are fighting to save intact our beloved Union—when our own profession have gone forth nobly with our bravest and best at the call of their country, willing to take their chance of danger, either in the camp or in the hospital, upon the ensanguined battle-field or in the deadly marshes of a Chickahominy, to exert its saving skill upon all that the miasm, the sword, or the cannon may have spared. And, to the everlasting honor of the government be it said, they *have made no compact with quackery* in any of its forms, for they have received none but the regular and properly qualified into the national service. We say, then, in a time like the present, when anxiety, fear, and terror, by night and by day, are the portion of thousands of swelling bosoms in our land, it well becomes us, who are secure in our pursuits, to be diligent and untiring in our efforts to improve our science, that all may be mutually benefited and go forth better armed for the responsible duties we are called upon to perform.

For the accomplishment of these objects it is confidently hoped that our members generally will present to the society an offering, be it great or small, which will accumulate in a common fund of medical knowledge for the good of all, being well assured that every jewel added to its crown will reflect its lustre back again upon themselves. It is likewise expected that we shall have a paper read at each stated meeting eliciting discussion; that the reports of the several committees will be regularly made, and that cases of interest will be related, calling forth the remarks and experience of members. With proceedings of this character faithfully carried out, it is believed our meetings will be of such interest that they will command a regular and large attendance. It now rests with yourselves, gentlemen, how far this work may prosper; and succeed it will, we doubt not, for we are rapidly adding to our working numbers, both the young and ardent, and also the tried and honored of our profession.

American Medical Times.

SATURDAY, NOVEMBER 15, 1862.

THE PROSPECT OF HEALTH-REFORM IN NEW YORK.

The friends of improvement in the health-regulations of our city are again asking the question, "What are the prospects of sanitary reform in New York?" It is not to be denied that they are most discouraging. The defeat of the health bill last year, through the defection of one of its former friends and advocates, and that at a moment when the long contest was about to be decided in its favor, was perfectly disheartening. This ungenerous and unpatriotic act of a high official, whose alliance with a corrupt and mercenary opposition at the last moment was not contemplated, unnerved the stoutest heart. Many have been led to believe that all subsequent efforts would, in a similar manner, prove abortive, and have counselled an indefinite abandonment of all measures for obtaining the requisite legislation until some fortuitous circumstance should give us an incorruptible legislature.

Meantime, thousands of our citizens are annually dying from diseases which this reform would remove; our streets are reeking the live-long year with accumulating and unremoved filth; the poor and laboring people live in underground rooms, never cheered by the sun's rays, or in tenement houses, uninhabitable except by human beings who have never known what it was to breathe fresh air. Quarantine, managed for the pecuniary benefit of the few, is become a formidable obstruction to commerce, but a ready method of introducing epidemic diseases directly to the city. Disease of every form and variety stalks abroad, unchecked and unrestrained by the ignorant and corrupt officials who disgrace the health department. In every respect the need of sanitary reform is more pressing and more apparent. And yet, at this critical period, we find many disposed to yield the struggle, and cease all agitation of the subject, at least for the present.

We should not, however, lose sight of the fact that we are striving to accomplish a reform which in importance and in magnitude rises superior to all civil, social, religious, or political questions of the times. It aims to incorporate the higher elements of a Christian civilization in the administration of our civil affairs. Fully developed, and exercising their influence without restraint, the reformatory measures to which they seek to give the binding force of legislative enactments, become of vast consequence to the State. This is true in a threefold sense. First, they will greatly lengthen the average of human life by protecting the citizen, and especially the laboring classes, from the local causes of disease. Sanitary science directing municipal authority, with one hand vigilantly guards the approaches of foreign pestilence, and with the other carefully removes from the domicil every source of endemic disease. In many cities in the old world, and in some in the new, this fact is strikingly demonstrated. The average of human life has been lengthened in Paris, in London, in Liverpool, and other populous towns where stringent health regulations have been efficiently carried out. Second, these health reforms tend to develop a strong and healthy generation of citizens. They provide well ventilated dwellings, they remove all local influences which debilitate and deteriorate, or which stifle the growth of the young, finally they protect the unsuspecting against adulterated and improper foods and drinks. Thirdly, All health reformers add largely to the sum of human happiness. They make happy homes, and from this springs that greatest of all public virtues, domestic contentment. In this estimate we should take into consideration the innumerable blessings, social, civil, and religious, which flow from a home where ruddy health glows upon every cheek. The cheerful and social family circle adds to the community citizens having correct and intelligent views of their civil and religious obligations, with a conscientious determination to fulfil them.

We have recalled these more prominent points in health reform, believing that too often its friends are inclined to regard it as a mere political question, which is to be urged forward or abandoned according to the political complexion of the State Government. It should be placed on a higher footing. It appeals for support alike to all classes and conditions of society, and every member of the community should be made to feel an individual interest in the success of a measure which brings good to the most humble as well as the most exalted. The work of sanitary reform, like all great public improvements, has this disadvantage. It must be undertaken as an enterprise, the benefits of which are first to be experienced before they can become popular. But its advocates have this encouragement, that it is a reform that never takes a retrograde step. Whatever is secured in the enlightenment of the people, or in the inauguration of positive legal enactments, is never lost.

We are not advised as to the course which the friends of the health bill will pursue during the approaching session of the Legislature. We trust it will be pressed upon the attention of our State Government with as much vigor as in former years. In no other way can we retain the influence which was gradually accumulated in its favor through years of discussion. The public mind is now very well informed of its principles, and a firm conviction of its necessity is now widespread, both in this city and throughout the State. That conviction is the result of agitation, and agitation should not for a moment be intermitted. Much is lost by the long interval of silence between the sessions of the Legislature. All might be lost that has been gained if a whole year should elapse without any agitation of the subject. It is true that we are liable to disappointment while the Senate contains such members as Abbott, Truman, and Robertson, and while the Mayoralty of the city is filled by an Opdyke, but this fact does not change the nature of our obligations to the public. Fully impressed with the importance of sanitary reform, we are bound to urge it forward at all times or by every means in our power. If the prospect of success is not so great as last year we ought to put forth increased energy instead of relaxing our efforts.

THE WEEK.

The danger of allowing persons who exhibit mental aberration to go unrestrained in households, is frequently exemplified in the occurrence of fearful crimes. Several cases have recently been reported of the wholesale murder of children by parents, and on judicial investigation the murderer has been found to have exhibited symptoms of insanity previously to the deed. During the past week a case of suicide was published in the city papers, which illustrates the same fact. It appears that the criminal, a young man of previous good character and habits, had been heard by several members of his family to remark that the time had come for him to die. No serious importance, however, was attached to the remark, until the Friday afternoon preceding his death, at which time his conduct became so wild and strange, that his friends became suspicious that he was not in his right mind. He kept continually repeating the remark that his hour had come, and took leave of his friends. He then proceeded to an adjoining room, procured a razor in spite of the efforts of his mother to prevent him, and cut his throat so effectually as to cause almost instant death. These frequent and fearful tragedies, performed by unrecognised lunatics, deserve more consideration than is given to them by a Coroner's jury. The community should be awakened to the fact that mental aberration, however slight, requires even more prompt attention from the physician than the diseases of any given organ of the body. A contemporary adds:—"Let the public learn to look upon lunacy as a disease to which they are as much exposed as to maladies of the lungs, of the heart, or the bowels; let them learn to apply to a physician when they observe strange alterations in the ordinary mental functions of an individual, as readily as they seek his help for changes experienced in the bodily functions; and we shall presently see a diminution of those sad, those horrible murders, which are the direct result of a *diseased mind—of lunacy.*"

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The non-appearance of yellow fever at New Orleans, and its appearance in other Southern cities, would seem to prove the value of cleanliness in the prevention of this epidemic. In the management of the civil affairs of that city, Gen. Butler has enforced cleanliness and quarantine with a rigor never known in any city on this continent. In contrast with New Orleans we may place Port Royal, S. C. Yellow fever has appeared recently at this point, and according to the reports, with the greatest virulence in the unpoliced districts. Certain portions of the town contain undrained reservoirs of sewerage, and here the disease first began its ravages. We may learn some useful facts in civic police from the arbitrary military rule which governs many Southern cities.

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The form of examination before the Army Medical Board will be found in this number. The questions will be found to take a comprehensive range of subjects in all departments of medicine, surgery, midwifery, materia medica, etc. The medical student who contemplates entering the army will now learn the scope of the examination, and prepare himself accordingly.

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The Annual Oration before the Academy of Medicine was delivered on Tuesday evening, at Dodworth's Hall, by Dr. S. C. Foster. The audience was large and select. The President, Dr. Anderson, was in the Chair, and first introduced the Rev. Dr. Vermilye, who opened the exercises with an appropriate prayer. The orator was then introduced, who discussed at length the many-sided character of the medical profession, its duties, its labors, and its rewards. The address was attentively listened to, and will soon be published by the Academy.

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The medical examinations under the draft in this City and in Brooklyn were concluded on Saturday last. The care with which Surgeon-General Vanderpoel selected the corps of examining surgeons, gave very great satisfaction to our citizens. It was frequently remarked, that a body of men so competent for a special duty was never before appointed at Albany. Every surgeon appointed served faithfully, though it required on the part of many a great sacrifice of valuable time. The statistics which have been recorded will be valuable, and we trust the Surgeon-General will, at some future day, have them collected and published.

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In another column will be found a notice of a meeting of a Naval Medical Examining Board, which is about to meet at Philadelphia, to which we invite the attention of students.

Reviews.

The Action of Medicines in the System. By Frederick William Headland, M.D., B.A., F.L.S. Fourth American Edition. Philadelphia: Lindsay and Blakiston. 1863. Pp. 448.

We gladly welcome another edition of this excellent treatise. It is by far the most useful work on therapeutics in our language, and could be studied daily by every practitioner with great advantage.

A Practical Treatise on Dental Medicine, being a Compendium of Medical Science, as connected with the Study of Dental Surgery. By Thos. E. Bond, A.M., M.D., Professor of Special Pathology and Therapeutics in the Baltimore College of Dental Surgery. Third edition, revised, corrected, and enlarged. Philadelphia: Lindsay and Blakiston. 1863. Pp. 411.

This work has proved very acceptable to the dental profession, as is proved by the issue of a third edition. It belongs, however, both in pathology and practice, to a past age, and is not such a work as we should care to place in the hands of a medical student.

Anatomy of the Arteries of the Human Body, Descriptive and Surgical, with the Descriptive Anatomy of the Heart. By John Hatch Power, M.D., Professor of Anatomy in the Royal College of Surgeons, Dublin. Authorized and adopted by the Surgeon-General of the United States Army, for use in Field and General Hospitals. Philadelphia: J. B. Lippincott & Co. 1862. Pp. 401.

This work has been republished under the authority of the

Surgeon-General of the United States Army. The design of the re-publication was to furnish the surgeons of the army and of the hospitals with a volume containing in convenient form a full description of the arteries, and the several operations upon them. The work will admirably answer the design of the publisher. It is also well adapted to the surgeon in civil practice, and to the student of operative surgery.

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FORM OF EXAMINATION OF CANDIDATES FOR ASSISTANT-SURGEONS IN THE U.S. ARMY.

The following questions selected at random from those used by the Army Medical Board which was in session in Washington, in May and July last, and of which the Surgeon-General was President, exhibit the character of the examination.

Previous to the assembling of this Board, the examinations for admission into the Medical Staff of the Army were entirely oral, except that a short thesis was required of each candidate on some medical subject.

Now, the examination is entirely written, except that the candidate is examined from one to two hours on his literary and scientific qualifications, in which his knowledge of history, geography, zoology, literature, natural philosophy, ancient and modern languages, etc., etc., is thoroughly inquired into.

After this, a set of written questions on some one branch is given to him; he is furnished with writing materials, and three hours allowed him in which to give his answers. These answers are then signed and handed into the Board with the questions, and so on until he has been examined in all the branches.

A merit roll is kept, in which the result of the examination in each branch is recorded.

It will be seen from the questions submitted, that no one who is not thoroughly posted in his profession, should present himself before the Board.

SURGERY.

1. How are fractures of the femur in any position of the shaft or condyles ascertained, and how are they treated?
2. What are the symptoms and treatment of syphilitic iritis?
3. Describe the surgical anatomy of the parts involved in the operation for ligature of the femoral artery at the points usually selected for that operation?
4. Describe the surgical anatomy of the parts involved in the lateral operation for stone, and describe the operation?
5. Enumerate the coverings of inguinal and femoral hernia, and give the important anatomical relations of each?
6. Describe the operation of resection of the knee-joint, and give the causes demanding the operation?
7. Describe the varieties of cataract, causes, pathology, and treatment?
8. Describe the symptoms of fissure of the anus, and treatment?

ANATOMY.

1. Describe the origin, course, and distribution of the pneumogastric nerve?
2. Describe the carotid artery, its origin, course, relations, and branches?
3. Give the surgical anatomy of the parts concerned in the resection of the elbow-joint?
4. Give the surgical anatomy of the perineum
5. A bullet passes through the arm above the elbow, subsequently it is found that the extensor muscles of the hand are paralysed. What nerves have probably been wounded?
6. What is the minute anatomy of connective tissue?
7. What are the histological appearances of a thin transverse section of the shaft of a long bone?
8. Give the microscopical anatomy of the kidney?

PRACTICE OF MEDICINE.

1. Give the symptoms in detail of a case of confluent small-pox, terminating in recovery, with the diagnosis from measles prior to the formation of the pustules?
2. Describe briefly the symptoms and treatment of a case of remittent fever, assuming during its course a typhoid character?
3. How would you treat a case of acute pleurisy if you saw it before effusion had taken place into the thoracic cavity? How, if effusion had already taken place?
4. Mention the prominent symptoms of chronic rheumatism, with some of the remedial measures appropriate?
5. Enumerate the several organic lesions and functional disturbances which may produce diarrhœa?
6. What do you understand by Bright's disease of the kidneys?
7. Enumerate the principal causes which may produce phosphatic deposits in the urine. Give the appearances presented by such deposits to the eye and the microscope, and the treatment proper for such cases?
8. Specify the rational symptoms and physical signs by which you would discriminate between a case of chronic bronchitis and one of phthisis?

GENERAL PATHOLOGY AND PATHOLOGICAL ANATOMY.

1. What do you understand by inflammation?
2. Describe briefly the appearances of the naked eye and the microscopical anatomy of the process which terminates in the formation of pus in the subcutaneous areolar tissues?
3. Mention some of the chief causes that produce tuberculosis, and describe the appearance to the eye and microscope, of distinct yellow tubercles of the lungs?
4. Enumerate the chief morbid alterations which may actually be observed in the blood?
5. Tell what you know of the pathological anatomy and histology of the glands of Peyer.
6. What are the prominent phenomena which discriminate between sthenic and asthenic forms of disease?

PHYSIOLOGY.

1. What is the composition of the gastric juice, and what functions are assigned to it by modern physiologists?
2. What is the composition and origin of urea?—what becomes of it in chronic diseased conditions of the kidney?
3. Under what circumstances does sugar originate in the economy; what is its function, and what becomes of it?
4. What do you understand by nervous irritability? Can it be destroyed without destroying muscular irritability?
5. What are the earliest internal changes in the ovum after impregnation?
6. Describe the Graafian vesicles, and give an account of the formation of the corpus luteum.
7. What is reflex action? Enumerate some of the chief reflex actions constantly going on in the healthy adult?
8. What is the general arrangement of the nervous system of articulata?

OBSTETRICS.

1. About what time were forceps introduced into the practice of modern midwifery? Name some varieties and describe the difference.
2. What are the indications for the use of the forceps, and how are they to be applied?
3. How many varieties of puerperal convulsions are usually treated of? Name them, and give the appropriate treatment in each case.
4. Give diagnosis of breech presentation, and state the comparative number of vertex and breech presentations.
5. What is meant by Dystocia? Enumerate some of the causes.

6. How many positions of vertex presentation do you admit, and how many of the breech?

7. How does a face presentation differ from a vertex, and can it be changed? If so, how and when?

8. What is the technical term for milk leg? Give its pathology.

MEDICAL JURISPRUDENCE AND TOXICOLOGY.

1. Describe the symptoms of poisoning by acro-narcotics. The remedies to be employed in cases of such poisoning.

2. Describe the tests for corrosive sublimate, with its antidote.

3. What means would you employ to distinguish whether the stains on a sword were blood stains or ordinary rust?

4. What are the antidotes to be administered in cases of poisoning by the mineral acids?

5. In case a person should be found dead in bed, what steps would you take to ascertain the cause of death?

6. What are the symptoms of poisoning by oxalic acid? The treatment?

MATERIA MEDICA.

1. When was Quinine discovered? how is it obtained? in what form is it used in medicine? State its chemical composition. What the sources of supply (commercially), and what adulterations have been found, and what substitutes for it have been proposed?

2. Do all cathartic medicines act alike? If so, how? If not, state the differences.

3. How many preparations of arsenic are in general use in the practice of medicine? Give the officinal names and chemical composition of each.

4. What is Alcohol? What are the methods of obtaining it? What is the strength of officinal alcohol?

5. State the varieties of opium found in the markets, their commercial history, physical differences, the method of obtaining the best quality for medicinal use.

6. What is chloroform? When was it discovered and by whom? How is it made, and when was it introduced into the practice of medicine?

7. Write out in full, or abbreviated, a compound prescription for the apothecary, for putting up a powder, a mixture, a solution, and also for pills, giving the usual apothecary's signs, and the directions for taking the doses of each.

CHEMISTRY.

1. Give the chemical history of nitrogen, and of its compounds with oxygen and hydrogen. Describe the mode of manufacture of nitric acid.

2. Describe the oxyhydrogen blowpipe, and the uses to which it is applied.

3. What are the Haloid salts? Name some of them.

4. What is Iodoform? How is it made?

5. Describe sodium. Give the detailed history of its oxide and of the compounds formed by it. Write the officinal names and give the chemical formulæ of all compounds of it used in medicine.

6. Can oxalic acid be made artificially? If so, by what process? Write the formula of oxalic acid.

HYGIENE.

1. Is the mouth or source of a river the more healthy, and which point would you select for the location of a camp or hospital, and why?

2. What are the effects of having too many men crowded together in a hospital? State fully the nature of the evils and their mode of action.

3. What means would you use for warming, lighting, and ventilating hospitals and barracks?

4. Name several of the principal disinfectants and their mode of action.

5. How would you estimate the amount of water required for washing, cooking, and for the water closets of a hospital for five hundred men?

6. If the men of a camp suffered greatly from enteric irritation how would you proceed to determine the cause? If after inquiry into other causes (here state what other causes might produce such irritation) you have reason to suspect the water as the cause, how would you determine as to its impurity?

7. What are the best means of getting rid of the excrementitious matters of a camp, of a camp hospital, and of a permanent hospital?

Correspondence.

Navy Department, Bur. Med. and Surg.,
November 7, 1862.

[To the Editor of the American Medical Times.]

Sir:—I will be obliged to you, if you can give notice in the Medical Times of the 15th inst., that a Board of Naval Surgeons will assemble at the Naval Asylum, Philadelphia, on Monday, Nov. 17th, for the examination of candidates for the appointment of Assistant Surgeon in the Navy.

In addition to the compensation published in the "Times" of Oct. 25th, it is proper to add that medical officers, by Act of Congress, approved July 17, 1862, share prize money, "according to their rates of pay in the service."

Very respectfully, your obd't servant,

W. Whelan.

Army Medical Intelligence.

A Medical Board has been directed to convene at Santa Fé, N. M., to examine Surgeon McNulty, of the California Vols., for an appointment in the corps of Volunteer Surgeons.

Assist. Surgeon J. M. Robinson, U. S. Vols., has been ordered to report for duty to the Medical Director of the District of Western Virginia, on being relieved by Dr. Alfred Buckingham in his duties at Camp Dennison, Ohio.

Surgeon R. Cresson Stiles, U. S. Vols., Surgeon Basil Norris, U.S.A., and Assist. Surgeon Wilson, have been assigned to duty for the examination of drafted men at Pittsburg, Philadelphia, and Harrisonburg, Pa., respectively.

Surgeon D. W. Hand, U. S. Vols., lately in charge of the General Hospital at Newport News, Va., has been ordered to report to the Medical Director at Washington for duty in the Patent Office Hospital.

Surgeon N. R. Derby, U. S. Vols., has reported to Gen. Davis, at Columbus, Ky., as Medical Director of the 4th District, Western Tennessee.

Dr. N. S. Drake has been ordered to receive five hundred patients on board the Daniel Webster at Washington, D.C., and proceed with them to Portsmouth Grove, R. I. Assist. Surgeon J. N. Miller, 120th N. Y. Vols., accompanies them as Assist. to Dr. Drake.

Surgeon R. H. Alexander, U.S.A., and Assist. Surgeon W. C. Spencer, U.S.A., have been assigned to duty with Gen. Banks, the former as Medical Director, and the latter as Medical Purveyor of the troops of his command.

Surgeon T. H. Bache, U. S. Vols., is on an inspecting tour of the hospitals at Baltimore, etc.

Surgeon A. B. Shipman, U.S. Vols., recently on duty at the General Hospital, Newport News, Va., is on leave of absence on account of ill health, at Syracuse, N. Y.

Surgeon H. Wardner, U. S. Vols., has been assigned to duty at Cairo, Ill.

Surgeon I. H. Boucher, U. S. Vols., has been ordered to report to Gen. McPherson, at Bolivar, Tenn., as soon as he breaks up the Depot Hospital at Cairo, and turns over the stores, etc., in his possession.

Assist. Surgeon A. M. Clark, U. S. Vols., has been released from confinement in the Old Capitol Prison and returned to duty, the charge of having beaten one of his patients not being true.

Dr. Charles Culverwell has been directed to report to Surgeon F. Jacobs, U.S.A., in charge of Convalescent Camp, near Fort Ellsworth, Va.

Assist. Surgeon H. F. Segler, 8th N. Y. Vols, has relieved Dr. H. S. Hendon, on duty with the 6th Battery N. Y. V. Light Artillery.

Surgeon W. Dickinson, U. S. Vols., has been relieved from duty at the General Hospital, Benton Barracks, St. Louis, and ordered to report to the commanding officer, Salem, Mo.

Surgeon Artemas Chapel, U. S. Vols., has returned to duty with the 1st Division, 12th Army Corps, from leave of absence.

Surgeon B. Beust, U. S. Vols., is in charge of the 9th Army Corps Hospital, Knoxville, Md.

Dr. A. B. Crosby of Hanover, N. H., late Brigade Surgeon of Vols., has declined the appointment of Surgeon of Vols., having received an appointment in the Medical Department of Dartmouth College.

Surgeon J. G. F. Holston, U. S. Vols., has been placed in charge of the Overton Hospital at Memphis, Tenn.

Assist. Surgeon E. Dodd, U. S. Vols., has been assigned to duty at Jefferson Barracks, Mo.

Surgeon D. J. McKibbin, U. S. Vols., has reported for duty at the General Hospital, Hilton Head.

Assist. Surgeon L. Taylor, U.S.A., is on duty as member of a Military Board at Fort Steilacoom, W. T.

There are now absent from the Army of the Potomac eighty-six Medical Officers, of whom thirty-five are absent sick, thirty-seven without leave, and fourteen from causes not specified. There are also a considerable number of vacancies in the Medical Staff of the Volunteer regiments.

The Medical Inspector-General having reported unfavorably of the situation and condition of the General Hospital at Annapolis Junction, Md., the Surgeon-General has directed it to be discontinued, and the building to be turned over to the Quartermaster's Department.

The General Hospitals at Craney Island and Newport News, Va., have been broken up; the number of sick in General Dix's Department having been reduced by shipments of sick and wounded soldiers to northern hospitals.

The premises of Messrs. Hatch and Meaker, on North Central Avenue, Baltimore, Md., have been rented by the United States for hospital purposes.

There are now in the 150 General Hospitals of the United States, 60,515 sick and wounded soldiers. Of these 12,665 are in the Western Departments, 17,214 in Washington and vicinity, and the remainder in the various General Hospitals throughout the Atlantic and Gulf States. To attend those properly, it is necessary to keep employed a force of 400 stewards, 300 wardmasters, 6051 male and female nurses, 3025 laundresses, and 2017 cooks, making a total of 72.308 non-combatants; although medical officers are not included. If to these were added the sick in the Departments of the Pacific and New Mexico, those at home and in regimental, brigade, division, army corps, and private hospitals, there is no doubt that the number would be swelled to 100,000.

The Medical Officer in charge of the General Hospital at Judiciary Square, Washington, has been directed to appropriate one of the wards for treatment of diseases of the eye and ear exclusively. Dr. Hildreth has been directed to report to him for special duty in charge of the ward.

On the representation of the Medical Director of the Department of New Mexico, of the importance of his services, the General commanding has suspended the order relieving Surgeon I. F. Ghiselin, U.S.A., from duty in that department.

The sick and wounded at Blackwell's Island, New York, have been transferred to Central Park and Newark Hospitals; and the Medical Director at New York has been authorized to remove the sick from the City Hospital, 319 Broadway, N. Y.

J. Theodore Heard, M.D., who had been, since the middle of May last, the Chief Medical Officer of Gen. Duryea's Brigade, was, on the 26th ult., assigned to duty as Chief Medical Officer of the 2d Division (Gen. Rickett's), 1st Army Corps, Army of the Potomac—a position which he temporarily filled from Sept. 10th to Oct. 3d.

DEPARTMENT OF THE TENNESSEE.

The Medical Director of this Department, Surgeon H. R. Wirtz, has issued a circular to the medical officers of the Department, dated at Jackson, Tenn., Oct. 23d. The following Divisions are made:—

1st Division—Gen'l Sherman—south of Hatchee and west of Bolivar. Head-Quarters, Memphis. Division Surgeon, Hartshorn; Chief of General Hospitals, Holston.

2d Division—Gen'l Hurlbut—south of Kentucky line, to Hatchee on the west and to Bethel on the east, including Bolivar. Head-Quarters, Jackson. Division Surgeon, Keenon; Chief of General Hospitals, Strawbridge.

3d Division—Gen'l Hamilton—all south of 1st and 2d Divisions. Head-Quarters, Corinth. Division Surgeon, Campbell; Chief of General Hospitals, Gay.

4th Division—Gen'l Davies—all north of the 2d Division, including the District of Cairo, and of the Mississippi, Forts Henry and Donelson, &c. Division Surgeon, Derby; Chief of General Hospitals, Stearns.

H. R. Wirtz, *Medical Director*.

Medical News.

Death of Sir Benjamin C. Brodie, Bart., F.R.S.—On the evening of the 21st October, was added to the number of the departed, a man to whom the unanimous consent of the profession has long given a pre-eminent position amongst us. We need hardly mention the name—Sir Benjamin Brodie. For a long time, the state of his health has been such as to cause much anxiety both to his immediate friends and to the members of his profession. Laboring under the severe affliction of blindness, he has undergone four operations in his eyes without success; and he has, moreover, suffered from a painful affection of the bladder, and malignant disease of the shoulder-joint. At last, full of years, full of honors, and rich in the well earned rewards of his scientific knowledge and its skilful application to the relief of suffering humanity, this great surgeon has left the world.—*Brit. Jour.*

The following-named Surgeons in the State of New York are appointed for the several places of rendezvous, and will report for duty to the Commandants: Albany, S. D. Willard; Yonkers, Geo. B. Upham; Plattsburgh, William N. Coit; Fonda, Jeremiah Snell; Auburn, Edward Hall; Elmira, E. L. Hart; Buffalo, J. S. Trowbridge.

M. Bouchat tells us that he has studied meningitis by the aid of the ophthalmoscope. He discovered congestions and venous dilatations, varicosity and flexusity of veins, thrombosis of veins and hæmorrhages in the retina from rupture of vessels!

Professor Esterle of Novaro has died at the age of forty-four, from purulent infection, contracted while attending a difficult labor.

The Francisco journals state that Dr. Bodinier, a French physician, was drowned at the time of the burning at sea of the *Golden Gate*.

The Ophthalmic Congress has selected Vienna as the place of its next annual meeting, and has appointed Arlt, Blodig, Gulz, Jäger, sen. and jun., and Stedwig, as committee-men.—*Brit. Jour.*

The last report of the Government Inspectors of Mines tells us: that, for every 74,674 tons of coals raised a human life is sacrificed.—*Brit. Jour.*

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 3d day of November to the 10th day of November, 1862.

Deaths.—Men, 87; women, 71; boys, 90; girls, 61; total, 309. Adults, 158; children, 151; males, 177; females, 132; colored, 14. Infants under two years of age, 87. Children born of native parents, 14; foreign, 122.

Among the causes of death we notice:—Apoplexy, 1; infantile convulsions, 18; croup, 25; diphtheria, 16; scarlet fever, 3; typhus and typhoid fevers, 7; consumption, 61; small-pox, 2; measles, 2; dropsy of head, 8; infantile marasmus, 16; cholera infantum, 2; inflammation of brain, 10; of bowels, 5; of lungs, 16; bronchitis, 5; congestion of brain, 9; of lungs, 5; erysipelas, 0; diarrhœa and dysentery, 12. 158 deaths occurred from acute diseases, and 25 from violent causes. 100 were native, and 209 foreign; of whom 75 came from Ireland; 87 died in the City Charities; of whom 11 were in Bellevue Hospital, and 1 died in the Immigrant Institution.

Abstract of the Atmospherical Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Nov. 1862	Barometer.		Temperature.			Difference of dry and wet bulb. Thrm.		Wind.	Mean amount of cloud.	Humidity Sat'tion, 1000
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	In.	In.	°	°	°	°	°			
1st.	30.08	.14	60	54	64	9	12	S.W.	1	510
2d.	29.81	.40	56	50	64	7	11	S.	8	590
3d.	29.84	.40	48	48	56	9	12	SW to NW	2	484
4th.	30.20	.20	41	32	50	9	13	N.W.	.04	450
5th.	30.07	.30	50	40	60	5	8	S.	8	698
6th.	29.51	.18	35	30	48	7	12	SW to NW	9	567
7th.	29.64	.24	26	24	32	2	4	N.E.	10	840

Remarks.—1st, Fine. 2d, Clear A.M., variable P.M. 3d, Clear A.M.' variable P.M. with fresh wind. 4th, Clear, fresh all day. 5th, Variable A.M., cloudy P.M. 6th, Wind, fresh all day; rain early A.M.; sky obscured nearly all day. 7th, Great Autumnal storm extending over the whole country and far at sea; commenced in Minnesota early on the 6th. Its progress was much more rapid and extensive than usual. Heavy snow commenced falling in New York at 7 A.M., followed by cold sleet P.M. Rain and melted snow for the week an inch; for the previous week three inches.

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SPECIAL NOTICES.

The New York Academy of Medicine.—*"Albuminuria" in* all *its relations, will come up for* general *discussian (probably the last) on Wednesday, November* 19.

N. Y. Ophthalmic School.—Dr. Mark Stephenson *will lecture at the N. Y. Ophthalmic Hospital, cor. Fourth Ave. and Twenty-Eighth St., every Saturday, at 4½ o'clock P.M. The members of the class will meet twenty minutes earlier for a review and examination of the preceding lecture. Clinique and operating days,* Tuesday *and* Thursday, *at* 1½ *o'clock P.M. To be continued till March* 1, 1863.

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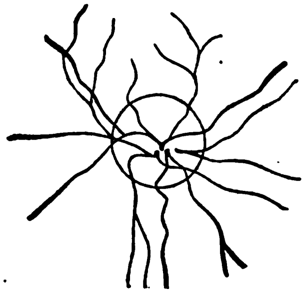

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LECTURE VIII.

Retrospective Diagnosis of Pericarditis, or the Signs of Pericardial Adhesions.—Pathological Relations of Pericarditis.—Physical Changes in Endocarditis.—The Diagnosis of Endocarditis Based on the Development of an Organic Endocardial Murmur.—Inorganic Murmur in Endocarditis.—Relations of the Disease to Acute Rheumatism.—Importance of the Diagnosis of Functional Disorder of the Heart.—Varieties of Functional Disorders; the Diagnosis Based on the Exclusion of Organic Lesions.—Combination of Organic Lesions and Functional Disorder.—Symptoms Diagnostic of Functional Disorder.—Conclusion of Course.

Gentlemen:—In my last lecture I considered the diagnosis of pericarditis, prior to liquid effusion, during the second stage, or stage of effusion, and during the third stage, or stage of absorption. We may, in some cases, at least, make a retrospective diagnosis of this disease; in other words, we can determine the fact of the past occurrence of pericarditis, during convalescence, or at any period subsequent to recovery. After the removal of the effused liquid, by absorption, the pericardial surfaces come into contact. The surfaces become agglutinated by means of the coagulable lymph with which they are more or less covered. And, after a time, in this intermediate lymph, adventitious tissue is formed, which leads to a permanent vital union. Pericardial adhesions, thus, follow pericarditis, as pleuritic adhesions follow inflammation of the pleura. If these are universal or extensive, their existence may be ascertained, often, if not generally, by physical signs. The retrospective diagnosis is based on the signs denoting adhesions of the pericardium. What are the signs representing this consequence of pericarditis?

The base of the pericardial sac is considerably larger than the pointed extremity of the heart; and as the apex is free, it has, in health, a lateral range of motion corresponding to the greater width of the sac. The apex-beat is found, in health, to move from half an inch to an inch, in changing the position of the body from recumbency on the back to a decubitus on the left side. But if the pericardial surfaces are adherent, there is little or no range of motion, the apex remaining fixed in the same spot in all changes of the position of the body. This is the most reliable of the signs denoting past pericarditis; but it is not positive proof, for physical conditions extrinsic to the pericardial sac may prevent the lateral movements of the apex, such as pleuritic adhesions, etc.[*] Other evidence consists in permanency of the area of the superficial cardiac space; that is, its remaining the same at the end of the inspiratory, as at the end of the expiratory act. In a normal condition of the organs, the increased expansion of the left lung by the inspiratory act, especially if the act be forced, causes a diminution of the superficial cardiac space, as ascertained by percussion. But after pericarditis, often, if not generally, adhesions take place, not only of the surfaces of pericardium which are in contact, but between the outer surface of the fibrous sac and the parts with which it is in contact. In this way the superficial cardiac space is made permanent, and continues the same in inspiration as in expiration. Other evidence, still, in certain cases, consists in retraction of the intercostal spaces within the præcordia, of the epigastrium, and, sometimes, of the extremity of the sternum, during the heart's systole. These signs will enable us frequently to decide that a patient, at some period before coming under our observation, has had pericarditis. And I may remark, in leaving the subject of pericarditis, that adhesions, even when so universal and complete that the pericardial sac is abolished, have not that serious import which they were supposed to have a few years ago. If uncomplicated with valvular lesions, they may give rise to no appreciable inconvenience for an indefinite period.

A single additional remark respecting the diagnosis of pericarditis. Its pathological relations are to be kept in mind. In the vast majority of the cases in which it is not traumatic, it is developed in connexion with either acute rheumatism or disease of the kidneys. Recollecting this, we should direct our attention to the heart in these diseases, and seek for the diagnostic signs of pericardial inflammation.

I come now to consider the diagnosis of inflammation of the lining membrane of the cavities of the heart, or *endocarditis*. And with reference to this disease, the statement made concerning pericarditis is equally, if not even more applicable, viz. the diagnosis rests upon the evidence furnished by physical exploration. Not only was this disease not discriminated prior to the successful application of auscultation to affections of the heart by the successors of Laennec, but the disease has been discovered within the latter period; its existence was unknown in Laennec's day.

What are the physical changes which belong to endocarditis? The endocardium is analogous in its structure to the serous membranes, and when inflamed there occurs the exudation of lymph, as in serous inflammations. More or less of this lymph is washed away by the currents of blood; but more or less remains adherent to the membrane, and chiefly, to the portions which invest the valvular curtains and segments. The endocardial lining of the cavities of the left side of the heart is the seat of the inflammation in endocarditis occurring after fœtal life, so that the exudation of lymph takes place on the parts which form the mitral and aortic valves. On one or both these valves the lymph collects in the form of bead-like deposits, or vegetations. Probably they increase in size by the addition of coagulated fibrin from the blood contained in the cavity of the left ventricle. These lymph-deposits lay the foundation of the valvular lesions, to which we have already given attention. After the lapse of a greater or less period, cretaceous matter is apt to be deposited; the valves may become contracted, or thickened; they may become adherent to each other, or to adjacent parts; rupture may take place, etc., leading, in the end, to contraction, or insufficiency, or both. Here are several specimens, illustrating the existence of recent vegetations on the aortic and mitral valves, obstructive and regurgitant lesions not having as yet taken place.

A deposit of even a small quantity of lymph at either the mitral or aortic orifice, suffices to give rise to an endocardial or bellows murmur with the first sound of the heart. The diagnosis is based on the presence of a systolic murmur, taken in connexion with the circumstances under which it is developed. The latter qualification is essential. Endocarditis almost invariably occurs in one pathological connexion, viz. in the course of acute articular rheumatism. The diagnosis rests on the production of a murmur during the progress of the disease just named. Endocarditis may possibly occur as a primary or idiopathic affection, but practically I have no knowledge of it, except as a complication of acute rheumatism. What circumstances, then, connected with the production of an endocardial murmur, or murmurs, in the course of acute rheumatism, warrant the diagnosis of endocarditis?

It is not sufficient for the diagnosis that an endocardial murmur is found to exist in a case of rheumatism. The murmur may have existed prior to the rheumatic affection.

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[*] As an effect of pericardial adhesions, in some cases, the apex-beat is not to be felt.

If the patient have had rheumatism before, endocarditis may have occurred with the previous attack, leaving a permanent murmur. For the diagnosis to be positive, the murmur must have originated while the case is under our observation; that is, we must have examined the patient when there was no murmur, and thus determined the fact that the murmur has been developed since the attack of rheumatism. If we have not this evidence of the development of the murmur, we can only judge of the probability of existing endocarditis. And the circumstances bearing on this judgment are:—First, the absence of enlargement of the heart. If the heart be enlarged, it is altogether probable that the murmur was antecedent to the rheumatism. Second, the kind of murmur present. An aortic regurgitant murmur does not belong to endocarditis. This murmur represents organic lesions which may follow but do not accompany endocarditis. The same remark holds good with respect to a mitral direct murmur. This murmur does not belong to endocarditis, but to subsequent lesions. It is certainly rare that a truly mitral regurgitant murmur occurs in endocarditis. The mitral valve is not rendered insufficient by existing inflammation. The murmur of endocarditis is a mitral systolic murmur, but as a rule, a murmur without actual mitral regurgitation. It has its maximum near the apex of the heart; is diffused, more or less, over the body of the organ, but does not extend far without the heart, *i.e.* to the lateral surface of the chest and over the back, as it does when the murmur is due to mitral insufficiency.

The inflammatory deposits in endocarditis occur oftener at the mitral than at the aortic orifice; but they do occur at the latter. Hence, an aortic direct murmur may be developed as a sign of endocarditis. The mitral systolic and aortic direct murmur are not unfrequently combined in cases of rheumatism. This may indicate inflammatory deposits at both orifices; but I have been led to believe that an aortic direct murmur occurs in cases of rheumatism without endocarditis. On careful exploration with Cammann's stethoscope, I have found a murmur either in the aorta, or in the pulmonic artery, or in both, to be the rule in cases of rheumatism. I am disposed to regard these basic murmurs as frequently, if not generally inorganic, *i.e.* due to a blood change. I suspect these murmurs may have led to the opinion, with some clinical observers, that endocarditis is a more frequent complication of rheumatism than it really is. This point needs further clinical study, but at present, to my mind, a newly-developed murmur, to be evidence of endocarditis, must be a mitral or intraventricular murmur.

A murmur due to endocarditis may disappear after the recovery from rheumatism. I have known this to be the case. I suppose that its disappearance is owing to the inflammatory deposits having been completely washed away by the currents of blood. I think, however, that as a rule, the murmur is permanent; and if organic lesions follow at a period more or less remote, new organic murmurs may be added.

As I have already stated, we derive no aid in the diagnosis of endocarditis from the symptoms. The disease, so far as symptoms are concerned, is latent. Hence, it is only within a few years that attention has been directed to it, and its existence known. The basis of the diagnosis is, simply, the development of an organic murmur during the progress of acute rheumatism; the endocarditis may occur at any time during the course of acute articular rheumatism, but usually it occurs during the first week. We look for it oftenest in cases which are most acute. I should mention that, as a rare exception to the rule, it sometimes occurs before the articulations become affected.

I come, lastly, gentlemen, to consider the diagnosis of functional disorder of the heart. And, although this concluding subject will require but a brief consideration, its importance is very great. Functional disorder of the heart is of frequent occurrence. It occasions great anxiety and apprehension. Patients fear they have an organic disease, and that they are liable, at any time, to sudden death. They come to us often in a state of the greatest possible mental distress. Now, if the trouble be simply functional, we can assure them of the absence of all danger, and a positive assurance that the heart is sound will go far towards affording relief, for the functional disorder is generally aggravated and kept up by mental uneasiness and concentrating the attention on the disturbed organ. If the practitioner have confidence in his skill in diagnosis, he can thus be of great service to these patients, and, at the same time, acquire credit for professional knowledge. But if, on the other hand, he lack the ability to decide in such cases, he is led to do one of two things; he either decides, at a venture, that the patient has or has not, organic disease, or he expresses himself in a doubtful, non-committal manner. Whichever course he takes, he incurs risk of doing harm and falling into discredit. If he decide that the patient have not organic disease, perhaps after a few weeks or months it becomes evident he was in error. If he decide that the patient has organic disease, when the trouble is purely functional, the consequence is often most unfortunate. I could cite cases of persons affected only with functional troubles, who had given up all active pursuits and hopes in life, and lived in daily expectancy of sudden death for years, after having been told that they have organic disease and might die suddenly at any moment, by medical advisers. The consequence of giving a doubtful opinion is apt to be equally disastrous, for the patient falls back on his own imagination, or he thinks the physician is satisfied of the existence of organic disease, but refrains from communicating the truth. In short, gentlemen, there is hardly a problem in diagnosis of more importance than to determine whether the disturbed action of the heart does, or does not, involve organic lesions. Before I ask how this is to be determined, let us for a moment consider the varieties of functional disorder of the heart.

It is common to include all kinds of disordered action under the head of *palpitation*, which means, strictly, increased action of the heart. Frequently, the only evidence of disorder is increased action; the organ beats with abnormal force and quickness; the patient is sensible of its abnormal activity; it seems to strike against the chest with violence, and patients sometimes describe a sensation as if the organ had escaped from its proper situation, and had risen to the throat. In some cases, this excessive action of the heart persists for days and weeks; but generally it occurs in paroxysms, with variable intervals, lasting from a few moments to several hours. The action may be simply excessive, but in other respects regular—generally, however, the action is irregular. Frequently the organ acts with great disorder for a few beats and then becomes more regular; when the tumultuous action occurs, it seems to the patient as if some extraordinary and unnatural movements were taking place. In other cases, the action of the organ, from time to time, is arrested for an instant; the beating intermits, and the patient feels at each intermission as if the action might cease entirely. These irregular movements are, in fact, due to a kind of clonic spasm of the muscular walls of the heart.

How are we to determine that the forms of disorder, just briefly sketched, are exclusively functional? The answer to this question is very simple; we are to exclude organic lesions. We make physical exploration with sufficient care to discover the signs of organic lesions if they are present, and if the signs of organic lesions are wanting, we exclude them, and decide that functional disturbance alone exists. We can thus reach a positive diagnosis if we are confident in our ability to recognise the physical signs of organic disease. Let us suppose a patient to present himself with symptoms which have led him to apprehend disease of the heart; and that we proceed to explore with reference to the existence or non-existence of organic lesions. We may direct our attention first, to ascertain whether the heart be, or be not enlarged. We find the apex-beat in the normal situation, the superficial cardiac region not increased, and the left border of the organ within or at the left nipple. We conclude, then, there is no enlargement. We next, auscultate for murmurs. If no murmurs are present, we decide that valvular lesions do not exist. If there be an aortic direct murmur, we may decide that it is inorganic. We compare the aortic and pulmonic second sound of the heart, and find that their normal relative characters are present. These results show the absence of organic disease. We are sure that the affection is purely functional, and we are warranted in giving the patient positive assurances that his heart is sound and that he is in no danger. A few moments devoted to the exploration is sufficient to enable us to reach this conclusion. It is reached so quickly that I sometimes prolong the exploration unnecessarily, lest the patient should think I had not taken time enough to ascertain all the facts.

There is an important topic connected with the subject of functional disorders of the heart, which I must not pass by. Functional disorder and organic lesions may be combined—I mean that a patient with organic lesions may suffer from functional disorder, not arising from the lesions, but from the same causes which give rise to functional disorder in those whose hearts are sound. For example, anæmia, which so often leads to functional disorder alone, may equally give rise to disorder when it co-exists with organic lesions. Without giving due consideration to the fact, the practitioner may attribute the disturbed action of the heart, where functional disorder and organic lesions are combined, exclusively to the latter, and be led thereby to take a more unfavorable view of the case than the nature and extent of the lesions justify. Practically, it becomes a highly important question in certain cases, how much of the existing disturbance is due to lesions, and how much to superadded functional disorder. We must endeavor to form an opinion on this point by ascertaining as far as we can the amount of danger which the lesions have occasioned, and also taking into account circumstances favorable for the production of functional disorders. As a rule, if the heart be but little enlarged, and the evidence of fatty degeneration of the walls be wanting, the lesions, whatever they may be, should not be expected to occasion much distress.

The symptoms attending functional disorder of the heart, although not sufficiently distinctive for a positive diagnosis, without the results of physical exploration, are, nevertheless, not without considerable significance. Functional disorder causes much more mental uneasiness than organic disease. The difference in the mental state of patients with and without organic disease is striking. Patients with organic disease, generally have not that intense anxiety and apprehension which belong to functional disorder. They receive the announcement of the existence of lesions with equanimity. They are often slow to believe that the heart is affected. On the other hand, persons with no organic disease frequently have such a strong conviction of the existence of disease, that they are not easily persuaded of the fact of its non-existence; and they often ask to be examined repeatedly, being fearful that it has been overlooked; they require the most positive assurances to secure their belief. This difference in the mental state possesses some diagnostic significance.

Again, functional disorder manifests itself generally in paroxysmal disturbance, and in the intervals the patient may be free from all symptoms of disorder. If a patient, at times, be able to take active exercise without any abnormal disturbance of the heart's action or want of breath, the probability is that the paroxysms denote only functional disorder. If the paroxysms occur from mental excitement, or without any obvious cause, and oftener in the night than in the day time, they are more likely to be due to functional disorder than to organic disease. These, and other circumstances are to be considered; but the main reliance in the diagnosis is, on the absence of all the physical signs of lesions, or on the evidence afforded by the signs of lesions which are inadequate to produce the amount of disturbance which is present.

I have now, gentlemen, brought to a close my short course of lectures on the diagnosis of Diseases of the Heart. I do not expect, however, with the conclusion of these lectures, to leave the consideration of this interesting and important province of practical medicine. In pursuing together our clinical studies during the session, we shall continue to consider the diseases of the heart, not only with reference to diagnosis but as regards their morbid anatomy, their pathological relations, their causes, and their management. We shall have abundant opportunities to observe the application, at the bed-side, of the rules which have been laid down in this course of lectures; and, in the cases which baffle our therapeutical resources, I shall test the reliability of our means of diagnosis by placing before you the facts revealed by the scalpel.

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OF QUINCY, ILLINOIS.

I was called on Tuesday afternoon, June 3, 1862, to attend Mrs. W——, a primipara. This being my first visit I was struck by her bloated appearance, and on examination found the lower limbs œdematous. For two years previous she had been afflicted with frequent and painful micturition, the secretion being scanty. She likewise suffered from headache at times, and habitual costiveness, for which latter difficulty she had been accustomed to take purgatives. In childhood she had scarlet fever, from which she recovered with difficulty, after a dangerous and protracted illness of two months.

The membranes had spontaneously ruptured, and the liquor amnii had discharged before I arrived. The os was not dilated, and the pains were moderate. Some time in the evening they became more aggravating, and she desired to inhale ether, which was administered through Luther's inhaler. In consequence of the large volume of air which the inhaler admits, the desired effect was not produced, and vomiting occurred several times. After some hours, the patient not being brought sufficiently under the influence of the anæsthetic, a mixture of five parts of ether and one part chloroform was substituted, the vomiting then ceased, and the anæsthetic was carried far enough to blunt the sensibility to pain, but did not destroy consciousness.

On Wednesday evening the os dilated sufficiently to admit of artificial delivery. Before undertaking it, she was permitted to pass one hour without the anæsthetic, to observe what progress would be made—but the pains diminished in power after sensibility was restored.

Considering that no hope could be entertained of saving the child by such a delay as would occur if the case were trusted to nature, it was decided to terminate the labor by the forceps. Preparatory to doing so an attempt was made to introduce the catheter, but owing to her extreme irritability it was found impossible for her to control herself sufficiently to submit to the operation. She was put under the influence of chloroform, which was administered by the inhaler. The article used was manufactured by Duncan and Flockhart.

After the forceps were applied, it was soon found that owing to the large and unyielding head, considerable time must elapse before the labor could be terminated. As the pulsation of the fœtal heart could not be detected, a question arose as to the best course to pursue. A consulting physician was called, and a decision made to persevere with the forceps, which accomplished the delivery about ten o'clock P.M., Wednesday, after a labor of about thirty hours. The child was in a state of asphyxia, and all efforts to resuscitate it proved unavailing.

After the labor she expressed herself as having been conscious during the whole time, and remarked she did not hear the baby cry; she rested quietly during the night, except occasionally calling for water, which she drank freely. On Thursday morning she examined the child, observing the hands and feet, said "she looked like her father." Her pulse was natural, but she complained of being tired. In the evening her pulse was considerably excited on; being asked how she did, she gave an unmeaning answer, and during the evening talked deliriously about educating the child, which she previously knew was dead. On Friday morning her pulse was quiet, and she had slept soundly, but was then somewhat delirious. During the day she seemed inclined to sleep, but would arouse when spoken to. She could not be persuaded to take nourishment. Friday evening she requested her lower limbs to be rubbed, and that a wet cloth be placed in her hands, and on her forehead; she was drowsy at night, but would wake at intervals, and make known her wants. About eleven o'clock said she was sick, but did not vomit; she afterwards wished to be turned on her side, and assisted herself in doing so, but afterwards seemed exhausted by the exertion. On Saturday morning she bade one of her friends good-bye as he left for home. During the day she slept most of the time. In the evening her mother said to her she was going home, she replied, "Why do you go?"

On Sunday morning she could be aroused to answer questions, but with difficulty; this was the last time she was known to speak. ;Monday she appeared unconscious, but would swallow liquid nourishment when placed in her mouth. Monday afternoon she had laborious breathing, and the pulse which had been 80 became 100 in a minute. Blood was observed in the mouth, and the tongue appeared to have been bitten. She had a free discharge of lochia and watery urine.

After many unsuccessful attempts, a specimen of urine was at length obtained, free from an admixture of other fluids. It appeared nearly destitute of saline matter; it was albuminous; on examination with the microscope it was found to contain an abundant deposit of granular epithelial casts and renal epithelium.

On Monday night the breathing became spasmodic—this was increased by the attempt to swallow fluids. Tuesday morning the pupils were dilated, the lips blanched, the countenance cadaverous, and the difficulty of breathing increased; twenty minutes past eleven o'clock death occurred.

Unfortunately no examination of the body was permitted. There can be no reasonable doubt but that the immediate cause of death was effusion in the brain and air cells of the lungs, caused by the poisonous action of urea retained in the blood, in consequence of the failure of the kidneys, from disease, to eliminate it. The non-occurrence of eclampsia during labor is probably due to the prophylactic influence of the anæsthetics. The blood observed in the mouth, and the injury done to the tongue, render it probable that a convulsion did occur at some subsequent time. The value of anæsthetics as a means of arresting or preventing puerperal eclampsia is now so well settled in the minds of the profession, that I feel as if no apology is due from me for using it in this instance.

Yet notwithstanding this, the case just related has been verbally reported by respectable practitioners in this city, as I am credibly informed, as one of death from chloroform, apparently not for the benefit of the profession at large, but to discourage its use in this city. If this report be truthful, it is proper that the first case of death from chloroform, occurring in the hands of medical men in the practice of obstetrics, be placed on record.

. Dr. Snow, who wrote in 1858, has given a history of all the recorded deaths from chloroform, which occurred in surgical practice up to that time. It appears that in fifty cases reported, that dangerous symptoms followed speedily by death, occurred within three quarters of an hour after the inhalation commenced. Dr. Sanson presents the history of thirty-four cases which have occurred from the time of the publication of Dr. Snow's work, up to May 4th, 1861. The author combined them, and offers an analysis of the most salient points. Of all the cases only two occurred where a proper inhaler had been used. Of fifty-one cases, thirty-eight declared their danger by sudden stoppage of the pulse. Five deaths occurred in which there was great muscular excitement; collapse immediately following. Sudden vomiting and death occurred twice, congestion of the face was most marked in six, and cessation of breathing in eight. Dr. Sanson concluded that death occurred by syncope, and asphyxia, both of which are necessarily sudden. The author considered that the highest estimate of the number of deaths, to the number of inhalations, bore the proportion of one in two thousand. Others, however, consider this ratio of deaths to the inhalations, as greater than the facts will warrant.

I have referred to the history of twelve cases of death from chloroform in surgery, which have occurred since Dr. Sanson's cases were published; in all, death occurred in a few minutes after the inhalation commenced, from cardiac syncope. Practitioners in this city have had but little experience in the use of anæsthetics in obstetrics, and will doubtless be glad to be favored by the opinions of their brethren in New York, on the merits of the question, whether death in this case was, or was not, caused by chloroform. Besides, it is a question in which the profession at large is interested.

REMARKS ON ALBUMINURIA,

MADE BEFORE THE NEW YORK ACADEMY OF MEDICINE.

By AUSTIN FLINT, M.D.,

PROF. OF THE PRINCIPLES AND PRACTICE OF MEDICINE.

(*Concluded from* p. 300.)

I PASS to another question. The morbid appearances of diseased organs are only effects of disease. They denote results of morbid processes. Now, what morbid process or processes underlie the appreciable pathological conditions of the kidneys? According to Christison and Frerichs, the underlying process is congestion of the kidneys. Prof. Clark favors this view. As a speculative question—and the question is of necessity speculative—I am disposed to doubt the sufficiency of mere congestion to induce the various changes, although it is probably sufficient to give rise to albumen in the urine. We cannot, of course, have positive proof that congestion has preceded the morbid conditions which we discover after death; nor can we say when we find the kidneys merely congested, that had the patient lived, and this congestion persisted, it would have eventuated in any of the morbid conditions of Bright's disease. Evidence to my mind of the insufficiency of mere congestion is afforded by the following fact: Disease of the kidneys does not occur as a rule, when congestion of them must exist, and continue for a greater or less period, viz. in cases of cardiac valvular lesions with dilatation of the cavities on the right side of the heart. This statement may seem surprising to some whom I address. I shall presently refer to the grounds for the correctness of the statement.

Johnson and others consider acute albuminuria as consisting in inflammation of the lining membrane of the convoluted tubes. Johnson styles this disease *acute desquamative nephritis*. He regards it as a kind of catarrhal inflammation, characterized by the exfoliation of epithelium and exudation of lymph; and the casts in the sediment of the urine composed of these morbid products is to this inflammation, what the expectoration is to the bronchitis. Indeed, I think it is Barlow who calls this disease by a title which involves a solecism, but nevertheless is significant, viz. *renal bronchitis*.

So, in chronic albuminuria with atrophied kidney, Johnson considers the morbid process inflammation, the disease taking as its point of departure the lining membrane of the tubes; the inflammation being subacute and chronic; and leading, after a time, to disintegration and destruction of the secreting tissue. These views seem to me reasonable.

With regard to the chronic disease, characterized by the presence of morbid deposits which remain and produce enlargement of the kidneys, we must wait for further light, rendering clear the character and point of departure of the underlying processes.

The idea has been suggested that morbid reflex influences, involving the ganglionary nervous system, are concerned in the production of the morbid conditions of the kidneys. This throws us back on the sufficiency of congestion; for the morbid influences supposed to be transmitted from some other local affection, are thought to produce congestion by paralysing the forces carrying on the circulation within the kidneys. It may be added that, in the great majority of the cases of albuminuria, there are no obvious antecedent local affections of other parts sustaining relations to the kidneys through the ganglionary system.

The pathology of albuminuria probably extends further backward, or deeper, than the kidney affections. Morbid conditions of a more general nature are involved. When an affection of the kidneys complicates or follows scarlatina, with our present humoral views, we suppose there is a special poison in the blood which acts upon the renal organs. There are grounds for supposing antecedent blood-changes in other cases. Perhaps this is sufficiently shown in all cases by a fact which seems to me not to have been sufficiently dwelt upon. I refer to the law of parallelism as applied to the morbid condition of the kidneys. Albuminuria in its different forms belongs among the symmetrical diseases. Both renal organs are affected in a similar manner, and in about the same degree. This fact certainly holds good in the vast majority of cases. If one kidney be enlarged, the other is enlarged likewise, and so with respect to atrophy. We did not find one organ enlarged and the other atrophied. The enlargement, or the atrophy, is usually equal in the two organs. If one kidney be fatty, so is the other, etc. This law of parallelism is generally considered as, in itself, sufficient proof of the dependence of local affections on antecedent blood-changes. And as regards our ignorance of the nature of the antecedent blood-changes in albuminuria, we are not more in the dark than with respect to other affections, for example, tuberculosis, in which their existence is considered as logically proved. In pulmonary tuberculosis, too, as in albuminuria, the general morbid condition may not reveal itself by any appreciable morbid phenomena prior to the development of the local affection.

I come now to a branch of the pathology in which our knowledge appears to be somewhat more complete and satisfactory, viz. the relations of the symptomatic events belonging to the clinical history of albuminuria, to the immediate pathological effects of the morbid conditions of the kidneys. Taking, as a clue, the excretion of albumen incidental to interference with the circulation in the kidneys, and the non-elimination of urea incident to interference with the secretory function of the kidneys, we are guided through much of the labyrinth of the clinical history.

First, let us consider the relation of the excretion of albumen to dropsy, that symptomatic event which is so frequent in cases of albuminuria. The loss of albumen diminishes the density of the blood. The specific gravity of the blood-serum has been known to fall from 1.030, the normal standard, to 1.010. We can understand that this effect upon the blood favors dropsical effusion. Moreover, the loss of albumen impedes the capillary circulation, and thus leads to congestion. Majendie, many years ago, showed that the *viscosity* of the blood, due to its fibrin and albumen, was necessary to its free circulation. We can understand that dropsy may, in part, arise from the impaired viscosity of the blood. Again, in some cases of albuminuria the amount of water eliminated through the kidneys is much diminished. We can understand that the accumulation of water in the blood (Hydræmia) may conduce to the occurrence of dropsy. The dropsy, *ceteris paribus*, is generally found to be in proportion to the abundance of the albumen in the urine, and the duration of the albuminuria. The invariable occurrence of dropsy in acute albuminuria, and in chronic albuminuria with the large kidney, is explained by the interference with the circulation in the renal organs in these diseases; and, on the other hand, the lesser amount of dropsy, and the occasional absence of this event, in chronic albuminuria with the small kidney, are explained by the fact that, in this disease, the interference is not so much with the circulation as with the secretory function of the kidneys.

The loss of albumen, in the second place, accounts for the anæmia which is so common an event in the clinical history of acute albuminuria and chronic albuminuria with the large kidney. While it is still a problem in physiology when and how the red corpuscles of the blood are produced, this is certain: they depend upon a normal quantity of albumen of the blood. And if the albumen of the blood be diminished by disease, the red corpuscles decrease, and anæmia is accordingly a result. The anæmia in cases of albuminuria, *ceteris paribus*, is in proportion to the amount of loss in albumen which the blood sustains in consequence of its excretion in the urine. The loss of albumen, in fact, accounts for the fatal result in those cases in which death occurs purely from asthenia, without any manifestations of uræmic poisoning.

The relations of retention of urea are not less intelligible. We have, first, vomiting and purging, as events in the clinical history, arising from the effort of nature to eliminate the urea vicariously through the mucous membrane of the alimentary canal. The experiments of Bernard and Barneswill have shown that, when the kidneys are removed in inferior animals, the urea, accumulating in the blood, finds its way, for a time, into the alimentary canal, being generally converted, after its elimination, into the carbonate of ammonia, but sometimes found unchanged in the intestines. The vomiting and purging which occur in cases of albuminuria, are, therefore, conservative, a fact of much importance in its bearing on therapeutics.

Next, certain intercurrent inflammations are attributable to the accumulation of urea in the blood. Inflammations of serous structures, more especially peritonitis, pleuritis, pericarditis, occur in the course of albuminuria sufficiently often to show a pathological connexion; they occur oftenest in chronic albuminuria with small kidney, but not unfrequently in acute albuminuria, and it is fair to attribute their occurrence to the action of urea. The neuralgic pains which are apt to occur in cases of albuminuria, probably have the same origin.

Lastly, the convulsions and coma which in a certain proportion of cases bring to a fatal termination the diseases included under the name of albuminuria, proceed from uræmic poisoning. Fatal uræmia occurs in each of the three diseases, but it occurs by far most frequently in chronic albuminuria with the small kidney. And as cases of chronic albuminuria with the large kidney sometimes end fatally by asthenia without any manifestations of uræmia, so cases of chronic albuminuria with the small kidney sometimes end fatally without any of the phenomena dependent on the excretion of albumen, and even without the presence of albumen in the urine.

My remarks on the causation of albuminuria, Mr. President, will be brief.

In acute albuminuria a special poison in the blood is supposed to exist. Analogy might suggest the probable existence of a special morbific agent in other cases. But as bronchitis, in its epidemic form (influenza), is due to a special cause, and as it ordinarily occurs is supposed to be produced by ordinary causes, the same may be true of this disease. I have not had time to analyse cases with respect to the point, but my impression is that acute albuminuria, when not connected with scarlatina, is apt to follow some unusual exposure to cold.

Chronic albuminuria we have seen to be slow and insidious in its development. Probably, in general, when cases first come under the cognisance of the physician, albumen in the urine has already existed for months or even years. The causes, whatever they may be, are gradual in their operation.

Clinical facts do not appear to show connexion with any antecedent, appreciable local affections of other parts than the kidney, which may be suspected of sustaining a causative relation to the pathological conditions in albuminuria.

There does not seem to be ground for supposing that a hereditary influence is involved in the causation.

As regards the influence of age, an analysis of fifty-two cases of albuminuria which I have recorded (exclusive of cases connected with scarlatina), gives the following results:—Under ten years of age, no cases; but the majority of cases analysed were in hospital practice, and patients under ten are rarely admitted into hospitals. Over ten and under twenty, three cases; over twenty and under thirty, twenty-one cases; over thirty and under forty, fourteen cases; over forty and under fifty, nine cases; over fifty and under sixty, three cases; over sixty and under seventy, two cases; over seventy, no cases. These results show diminished liability to albuminuria as the two extremes of life are approached. The greatest liability is between the ages of twenty and forty.

As regards sex, of fifty-seven cases, forty-four were males and thirteen females. Some of my cases were collected when I was attending exclusively male hospital wards, and some when attending exclusively female wards. Undoubtedly, males are much more liable to become affected with albuminuria than females.

An interesting point of inquiry relates to habits as regards the use of alcoholic drinks. In the analysis of my cases, with respect to this point, I have separated the hospital cases from those observed in private practice. The habits were noted in the histories of twenty-seven hospital cases. Of these twenty-seven cases, in two only were the habits strictly temperate; but we all know how rare it is to find patients in a public hospital who are perfectly temperate. Of the remaining twenty-five cases, seven were hard spirit drinkers, three were beer drinkers, and five drank moderately or only occasionally. Of cases in private practice, the habits were noted in ten. Of these ten cases, in nine the habits were temperate; one patient only was intemperate. In saying that the habits were temperate in these cases, I mean that the patients were not habitual drinkers, nor accustomed to occasional excesses, that all were absolutely teetotallers. The facts just stated go to show that albuminuria is not *par excellence* induced by intemperance. Goodfellow's opinion respecting the dependence of the contracted kidney on the use of alcoholic drinks, is certainly not tenable. To support his opinion he is obliged,' in one of his cases, to attribute the production of the disease to the inhalation of the vapor of spirit. A case has very recently come under my observation, in which, as judged by the symptoms, there existed the contracted kidney, the patient having since died with uræmic poisoning, and this patient, a man over fifty years of age, had always been perfectly temperate.

I have never observed the association of gout and the contracted kidney. Dr. Todd, as is known, attributed to the two diseases a pathological connexion, and styled the contracted kidney the gouty kidney.

I come, lastly, to speak of the co-existence of albuminuria and cardiac disease. There has been considerable discussion as to whether the pathological conditions of the kidney give rise to valvular lesions and enlargement of the heart, or *vice versâ*. I have been led to think that the two are not associated sufficiently often to show any pathological connexion between them, or, at all events, that disease of the heart very rarely, if ever, stands in a causative relation to the pathological conditions of the kidneys included under the name of albuminuria. I would premise that it is not enough for some deviation from the size of the heart to exist, or some abnormal condition of the valves, to show a causative influence. Simple hypertrophy, if not excessive, alone does not occasion notable trouble; so valvular lesions may be innocuous. I think it should be assumed that, for cardiac disease to exist sufficiently to be suspected of giving rise to disease of the kidneys, there must be sufficient dilatation, either with or without valvular lesions, weakening the organ, more especially the right cavities, and thus inducing more or less general congestion. Statistics will, I believe, show that in grave cases of diseases of the heart, albuminuria rarely exists save as an incidental symptom, not as representing the pathological conditions of the kidney to which the name of albuminuria is applied. This opinion is based on an examination of a large number of cases while I was engaged in preparing my work on diseases of the heart. Again, cases of albuminuria afford the signs of important cardiac disease during life, and the appearances after death in a small proportion of cases.

Of twenty recorded hospital cases, which were not fatal under my observation, there were no signs of disease of the heart in seventeen; signs of valvular lesions, with more or less enlargement, were present in only three cases. With reference to the adequateness of physical signs in determining the existence of disease of the heart, we may certainly assume that they suffice to show with positiveness disease of importance enough to be suspected of inducing disease of the kidney.

Of fourteen hospital cases proving fatal, and the autopsies recorded, there was no cardiac disease in seven; in two cases recent pericarditis existed; and in five cases there were valvular lesions with more or less enlargement. It is worthy of note that in four of these five cases the valvular lesions were aortic, for it is well known that aortic lesions are less apt than mitral to lead to dilatation of the right cavities.

Of ten cases in private practice, not fatal; there were no signs of valvular lesions or enlargement in nine. In one case there existed mitral lesions and hypertrophy. In two cases there was recent pericarditis.

Assuming that cardiac disease, in order to give rise to disease of the kidneys, must have advanced far enough to occasion marked disturbance of the circulation, these facts furnish very little ground for supposing any causative connexion.

In the one hundred cases of albuminuria reported by Bright, cardiac disease co-existed in forty-nine. But of these forty-nine, only eight had valvular lesions with enlargement. The remainder had simple hypertrophy, or the heart was considered somewhat large, or valvular lesions existed without enlargement. It seems to me that, with reference to the suspicion of causation derived from pre-existing cardiac disease, all the cases, save eight, are to be excluded.

In the thirty cases reported to this Academy by Prof. Clark, cardiac disease existed in only three. In one of these three cases, the lesions were those of old pericarditis with enlargement, and in another of these cases there was simple hypertrophy.

In conclusion, Mr. President, incomplete as is our present knowledge of the subject under discussion, it is interesting to consider how much light has been shed on morbid phenomena by the discovery of Bright. Prior to the researches following his discovery, in cases of general dropsy dependent on albuminuria, physicians were content to say that there was either excess of exhalation or deficiency of absorption; the significance of the vomiting and purging now attributed to to the vicarious elimination of urea, was not understood; the sources of the intercurrent inflammations were unknown; the uræmic convulsions were attributed merely to cerebral irritation or to inflammation of the brain; and sudden fatal coma was considered as due to simple apoplexy. So, as we may hope, equally important discoveries are hereafter to be made, opening new fields of research, and illuminating portions of the great field of pathology which are now shrouded in darkness.

AMPUTATION OF THE ANKLE-JOINT.

By E. P. BENNET, M.D.

DANBURY, CONN.

The want of success which often attends this operation, is dependent in most cases upon an accumulation of fluids in the cup-like flap which prevents union by the first intention, and often leads to ulceration, prolonging the cure and producing a bad stump. All this trouble can be remedied by doing exactly what authors are particular in saying you must not do, that is, by making an incision through the flap at its posterior part, and thus obtaining proper drainage. I usually put into this incision a dossil of lint to prevent its closing up, and in this way obtain a speedy cure and an excellent stump. Performed in this manner, I think it preferable to Pirogoff's operation, especially in military surgery, for in the latter operation the cure is not so rapid or so certain, as the bones may not unite kindly, and may become carious or necrosed. The slight difference in length can be easily remedied by a thicker sole of the shoe.

Danbury, Conn., Nov. 21, 1862.

Reports of Hospitals.

A CASE OF GANGRENE OF THE THROAT,

OCCURRING IN THE HOSPITAL AT FORT HAMILTON, N. Y.

By W. H. STUDLEY, M.D.

ACTING ASSISTANT SURGEON, U.S.A.

In a recent issue of the Medical Times an interesting article appears, describing a peculiar disease which the writer terms "*Gangrene of the Throat.*" Within a short time, a case of sickness, resulting in death, occurred in hospital at this post, bearing in some respects so close a resemblance, that it may not be altogether unprofitable to give it publicity.

Charles Perkins, aged 21, born in New York state, and enlisted as a soldier since August last, appeared on the sick list towards the last of October. His symptoms were those of common remittent fever, and he was treated in the usual manner for such. The treatment met with no favorable response. The disease soon assumed the form, more or less, of continued fever, and at last put on the more striking characteristics of genuine typhus: dry, blackish-brown tongue, teeth covered with sordes, persistent stupor, inability or disinclination to answer questions, more or less confined bowels, absence of tympanitis, and the characteristic dark spots of the skin. In this stage of the disease, he was put upon quinine, brandy, and chlorate of potash, and supported with beef-tea, egg-nog, etc. Within the short space of four or five days, all the worst symptoms disappeared. The patient began to call for food, conversed freely, and even, though unadvisedly, sat up. He continued to improve for a few days, when one morning he complained of a little soreness of the throat. It being damp weather, and the windows having been left open by the attendants longer than they should have been, the inference was that it was the effect of exposure to the cold damp air. Slight fever and considerable debility now supervened, with loss of appetite. He kept his bed, and gave evidence of a general relapse. But little was done for his throat for the reason that it was lightly complained of, but for the more serious constitutional symptoms the former supporting treatment was again resorted to. Within three days of his first complaint of his throat, I found him in my morning visitation breathing very laboriously, like one with croup, every inspiration giving a loud noise similar to that produced in hooping-cough paroxysm, and hawking up freely a stringy, viscid mucus. His pulse was now considerably quicker and fuller than natural, and he wore an anxious countenance. I got him up in a chair, and with a tongue spatula explored the fauces, found the left tonsil a little swollen, and just anterior to and below it, a bulging, semi-transparent bag. I introduced a sharp pointed bistoury, and made several cuts which were followed by slight bleeding. I then passed my finger down the throat, found the epiglottis very œdematous, as also the parts above the vocal chords. I then, for want of a better instrument, took a common gum lancet, and first passing the index finger of my right hand down to and over the epiglottis, with my left passed the lancet down flatwise as far as I could, and then turning it and flexing the handle, was enabled to reach the diseased parts, in which I made about six or eight gashes. Pretty free bleeding followed, with some vomiting produced by the gagging operation, and in a few minutes the patient expressed himself greatly relieved.

I then ordered the following:—℞ Ammoniæ muriatis ʒ ss.; potassæ chloratis ℥ ss.; acaciæ gum. ʒ j.; Syrupis simplicis ʒ iv.; aquæ ʒ xij.; Misce.

S. One tablespoonful every half hour.

I visited him during the evening of the same day and found him quite comfortable, so far as his breathing was concerned, though a hurried pulse, quick breathing, and a disposition to toss about in bed, indicated mischief somewhere. Next morning, about four o'clock, he expired—whether from exhaustion or suffocation I was unable to determine, from the imperfect account given by the attendants.

Autopsy thirty hours after death. None of the abdominal or thoracic viscera gave evidence of lesion. There was none in the œsophagus or trachea. But on opening the larynx, the parts on its left, beginning with the ventricle and including it, embracing the whole arytæno-epiglottidean fold, the left side and top of the epiglottis, and a narrow strip of mucous membrane, extending up to the left tonsil, presented a blackish green swollen mass. Cutting into it in several places, revealed this discoloration to the depth of one-fourth to one-third of an inch. There appeared no ulceration, but on the contrary, the mucous membrane seemed entire, with the exception of the cuts made by the gum-lancet.

With this description of the case, I leave it for each one to name the disease according to his fancy.

Reports of Societies.

NEW YORK ACADEMY OF MEDICINE.

Adjourned Meeting, July 9, 1862.

DR. JAMES ANDERSON, PRESIDENT, IN THE CHAIR.

DISCUSSION OF DR. BYRNE'S PAPER ON PELVIC HÆMATOCELE.

(Dr. Byrne's Remarks, Concluded from page 308.)

As regards retroversion of the uterus, the remarks of Dr. Barker being, in substance, those which may be found in my paper, I need only repeat what has there been stated, viz. that "Retroversion *at first sight* might be mistaken for hæmatocele, or *vice versâ*, but the position, or rather direction, of the os and cervix, and other features diagnostic of this displacement, render it hardly possible to entertain doubts on this point after mature reflection: should some peculiarities be present, however, tending to excite suspicions one way or other, the introduction of Simpson's sound will be the most unequivocal means of arriving at a correct inference."

So also in reference to dislocated ovarian cysts and fibrous tumors—more particularly the latter, which, contrary to the statement of Dr. Barker, might, I imagine, under certain circumstances, be very readily mistaken for hæmatocele. Very clever diagnosticians *have* made such mistakes, and therefore to ignore this difficulty would be acting contrary to facts and experience, and unsafe in practice. In the case related by Dr. Barker as having occurred in Bellevue Hospital, there is one statement which requires some explanation, and that is where he says, "*In introducing my finger into the rectum, I could lift up the tumor, and carry it forward without any great appearance of distress, which would not be the case in pelvic cellulitis.*" Now of hæmatocele I would remark, that if there be one symptom more characteristic than another of this particular kind of tumor, it is *its total immobility;* because, even when the hæmorrhage takes place *into* the recto-uterine *cul de sac*, there has never, I think, been an instance in which a *firm* tumor was recognised until the peritonæal inflammation had isolated the effused mass by forming an upper boundary for the cyst, when the swelling is found to be firmly fixed to the adjacent parts; and, on the other hand, when the blood happens to be outside or under the serous membrane, the tumor is immediately formed, and equally immovable. I shall therefore look forward with some interest to Dr. Barker's promised report of that case.

In the other case related by Dr. Barker as having occurred at Astoria, it has been stated that "*there were symptoms of hæmatocele.*" The patient, it appears, "was taken, after using an injection of cold water, with intense peritonæal pain, tympanitis, a sudden but not very profuse discharge of blood, and excessive collapse." There was great difficulty in passing water and evacuating the bowels, and a tumor was formed in the pelvic cavity—how long after it is not stated—"and after the lapse of some months a discharge of pus took place." Pelvic cellulitis, though a rare disease when unassociated with the puerperal state, yet does sometimes occur, or at least a condition of things very similar; and just such a case as Dr. Barker describes, I have met with in a married lady who had never been pregnant. This patient had been troubled with leucorrhœa, for which syringing with cold water was prescribed. While in the act of carrying out this part of the treatment, she was seized with symptoms precisely similar to those noticed in Dr. Barker's case, and after nine or ten weeks was relieved by a copious discharge of pus through the rectum. Now I never should suspect such cases to be examples of hæmatocele, and I cannot, therefore, view the diagnosis in the one related by Dr. Barker as correct.

As to the relative frequency of the two admitted varieties of hæmatocele, it has been asserted that the intra-peritonæal is by far the more frequent, even "as three to one." I cannot possibly understand by what process of reasoning gentlemen manage to arrive at such a conclusion, and, though ever since the appearance of the memoirs of Bernutz, one writer has followed another in reiterating this opinion, I must here protest against the acceptance of such inferences, however stereotyped, for I think they are both rash and illogical, and calculated to lead us astray in our pursuit of the correct nature of this disease. The fallacy of basing such statements on the post-mortem statistics of hæmatocele is too apparent to need more than a simple denial of the right to be guided by this kind of evidence; because, in the first place, intra-peritonæal hæmorrhages, if at all excessive, must necessarily be fatal in the great majority of instances, and, secondly, in cases where the mischievous and unjustifiable tampering with human life, usually called "*the expectant treatment,*" has been adopted, as for instance in Case 32, and others related by Voisin, I cannot see how it is possible, where the whole pelvic organs are matted together by adhesions, to arrive at any degree of certainty as to the origin and exact relative location of the effused blood. Since my paper was submitted to this Academy, I have continued to investigate the various points relating to the pathology and diagnosis of these affections, and in the chapter commencing at page 37 of my "Researches," lately published, I have endeavored to present my views in as plain and condensed a manner as possible; consequently, for the sake of brevity, I will crave your attention while I read what has been there stated. . . . .

"One of the arguments adduced by those who question the existence of large hæmatomas within the cellular tissue, and founded, no doubt, upon ideas such as that promulgated by M. Lefort,* is, that if not impossible, it is at least very improbable, that the peritonæum could be so raised up from the uterus as to form the upper boundary of the cyst. It is true, though the post-uterine cellular tissue near the cervix and upwards to the extent of an inch, and sometimes more, is loose and abundant, it gradually becomes less so from this point, more dense, and, towards the fundus, semi-fibrous. It must also be admitted, and I have satisfied myself as to the fact, that, in this latter situation, the serous tunic cannot be separated, *with any degree of facility*, from the uterine stroma, unless the parts have first been subjected to maceration.

"However, those who initiate their arguments from a mere anatomical point of view, and without making due allowance for the relative as well as the structural changes which diseased action may produce in these and other parts, ought to bear in mind that it is very probable these tissues often undergo as complete maceration when subjected to certain pathological influences in the living body (as for instance in pelvic cellulitis, or that condition which Pirogoff would term acute purulent œdema), as they do when removed from the dead subject and submitted to the action of fluids with this special aim.

"Indeed, Professor Simpson, who treats this whole subject in his usual lucid and eminently practical style, has conclusively settled this question by the following facts: A patient 'was sent from a great distance to Edinburgh, in consequence of a pelvic tumor having suddenly appeared. Fatal inflammation was set up by the journey. On dissection I found the reflection of the peritonæum between the uterus and rectum raised up, and a large mass of broken coagula of blood formed the tumor, having been extravasated behind the peritonæum, forming the posterior covering of the broad ligament, and, as it accumulated, having separated and pushed before it that portion of peritonæum and utero-rectal fold of this membrane.' Those who will take the trouble to carefully analyse the record of cases thus far available, cannot fail to be impressed with two very important facts noticeable in most of them, namely (first), the absence of symptoms sufficiently indicative of so grave an accident as extensive hæmorrhage into the peritonæal sac, and (second), *the lateral position of the tumor* above the brim of the pelvis, and frequently also in the vagina.

"These two peculiarities alone, or, in fact, either one, ought (I imagine) to make any diagnostician, however expert, hesitate in pronouncing such tumors intra-peritonæal: because there is surely nothing in the normal arrangement of the pelvic viscera, nor is there any pathological law regulating the disposition of fibrinous adhesions following acute peritonitis which would favor, so often, this lateral isolation of the blood. Besides, is it at all probable that resorption of such large masses of blood, or, indeed, recovery through any means, would result so frequently, if we admit that the serous membrane is often the seat of such violence? Consequently, that *encysted bloody tumors within the peritonæal cul de sac are extremely rare*, and that *those occupying the structures external to that membrane constitute the great majority,*—say 75 or 80 per cent. of the whole,—would seem to be about the correct conclusion to arrive at, regarding the relative frequency of intra and sub-peritonæal hæmatocele.

"These opinions, thus confidently expressed, and no less positively entertained for some time, have lately induced me to pursue my investigations further, with a view, if possible, of being able to correct certain misconceptions which exist respecting the differential diagnosis of these '*intra-pelvian sanguineous cysts.*'—(TILT.)

"It has been repeatedly asserted by many who might be considered capable of offering an opinion on these points, that in sub-peritonæal hæmatocele, the tumor in the vagina will be lateral, and the uterus displaced towards the opposite side; and that a large central swelling would, on the other hand, plainly indicate that it must be intra-peritonæal. But the following experiment, which I have made, and repeated over and over again with like results, will demonstrate, pretty conclusively, that *such diagnostic signs are entirely unreliable.*

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* Voisin, page 215.

"A small opening was made into the superior fold of the broad ligament on the left side, and at a little distance from the inferior border of the ovary, into which was inserted the tube of a syringe such as is used for anatomical injections; the parts having been secured by ligature, water was now thrown into the cellular tissue, which it entered with facility, separating the two layers of the peritonæum and spreading them out in the form of a tent. At that juncture the water passed with much more ease than elsewhere, under the peritonæal covering of the iliac fossa, raising the same off the muscle, but quickly and with but little force, filled up the whole recto-vaginal septum and opposite (right) side as high up as the brim. A vaginal examination was now made, when the finger came in contact with a large *central* (*retro-uterine*) *swelling.* The injection being next continued, the left iliac fossa rapidly became very much distended, and that of the opposite side also swollen, but to a more limited extent. The post uterine connective tissue, as high up as the junction of the cervix with the fundus at least, offered no resistance to the passage of the liquid. The lessons which this and similar experiments teach are, first, that although the lateral position of the tumor will always denote its sub-peritonæal character, yet, the fact of its being central and occupying the whole posterior part of the vagina does not, by any means, prove the contrary; and, secondly, that the position, size, or shape of the swelling—though, *if infra-peritonæal, always central* both above the brim as well as in the vagina—possesses but little, if any, value as a guide to differential diagnosis.

"There are, among others, TWO INTERESTING AND HIGHLY INSTRUCTIVE FACTS observable in connexion with the occurrence of hæmatocele: *first*, that, of all the subjects in which this peculiar disease has yet been noticed, and whose cases have been properly authenticated, married women, and especially those who have been pregnant or borne children, constitute at least four-fifths; and, *secondly*, that unmarried females, or those whose sexual organs have not been subjected to excitement, or physiological changes other than we know to attend the menstrual function, amount to a fractional portion, only, of the whole. Without dwelling on the importance of these facts as corroborative of views already set forth, it may not be amiss to notice a few reflections naturally occurring in this connexion.

"Though, after parturition, the uterine sinuses contract, and vessels imbedded in the dense stroma of that organ are supposed to resume their original size and condition, yet it by no means follows that the utero-ovarian 'thin-walled veins *without valves*'[*] possessed with little or no contractile power, and surrounded by loose cellular tissue, should undergo a similar change. Indeed it would seem more probable that *permanent dilatatian of these veins*, more or less, *is a necessary consequence of pregnancy;* and if the ovarian vessels, in that condition, bear any analogy to those in the lower extremities, which never resume their original size, nor disappear but by obliteration, it is evident we must look here for the only true predisposing cause in all cases of sub-peritonæal hæmatocele, and which, as I before intimated, may safely be put down at 80 per cent. of the whole."

Dr. Barker, referring to the surgical treatment of hæmatocele says, "*he objects theoretically to my method—that is, puncture through the rectum, and for this reason, that the anterior and posterior walls of the rectum are always in contact, and thus the evacuation will be very incomplete,*" while "*the cavity of the vagina is much more elastic, larger, and more complete, and the evacuation through this canal will be more perfect.*" In reply, I have merely to remark, that, as the premises on which these objections are based are not strictly correct, I am unable to accept this explanation of the advantages which the vagina possesses over the rectum; because, "*the most depending part of the tumor*" *is not in contact with the posterior walls of the rectum.* Moreover, the very elasticity of the vaginal walls which he looks upon as desirable, together with the greater thickness of the intervening tissues, offers, to my mind, strong objections to choosing it as the more suitable place for puncture. As to the selection of a proper instrument, agreeing as I do with the views of Bernutz, in his late excellent treatise on the diseases of women, that "*to open largely such tumors, and to forcibly remove the clotted blood, is a most outrageous practice,*" I should always select a large-sized curved trocar. It is quite customary for writers to recommend that all palliative means should be exhausted before resorting to surgical interference in these cases; and not until the patient's life is in great danger, and rupture of the cyst and fatal extravasation into the cavity of the peritoneum become imminent, should we have recourse to such a proceeding.

I hardly think it necessary to occupy your time by adducing numerous facts which the recorded cases of hæmatocele supply, in refutation of such a pernicious doctrine: because I feel confident that the practice thus indicated, will be found to be opposed both to science and humanity. If we extract from cases which have terminated fatally after operative proceedings, those in which such interference had been *too long delayed*, and others where *undue violence* had been done to the parts *by the use of an improper instrument*, I believe we thall find but little left to deter us from resorting to timely and judicious surgical interference.

The Academy was then adjourned.

FOREIGN CORRESPONDENCE.

LETTER XVII.

BY PROF. CHARLES A. LEE.

LUNATIC ASYLUMS.

447 LOUVRE HÔTEL.
PARIS, August 30, 1862.

IN my last letter I gave some account of the colony of Fitz-James and the lunatic asylum connected with it, at Clermont (Oise), conducted by Dr. Labitte. I was accompanied in my visit, as I have also been to several other asylums, by Dr. Brown, of the Bloomingdale Insane Asylum, near New York, who is inspecting similar establishments in Europe, at the request of the Trustees of the Sheppard Asylum at Baltimore, Md. This institution was founded by the late Moses Sheppard, a wealthy merchant of the Society of Friends, who, several years before his death, conceived the project of testing the curability of unfavorable cases of insanity, by a more liberal expenditure of money than the friends of most asylums would reasonably permit. To this end Mr. Sheppard, having no relatives, left his whole fortune, amounting to six hundred thousand dollars, to found and maintain an experimental institution for one hundred patients. After several years of careful consideration, the Trustees of the Sheppard Asylum have commenced the construction of their building, on a plan submitted by Dr. Brown, who now studies the organization and management of European asylums, to report whatever may serve to carry out the humane purposes of the benevolent founder of this unique institution. Dr. Brown, after having visited the most celebrated asylums in Great Britain, Holland, Germany, Switzerland, and France, expresses regret at having found, thus far, but inconsiderable rewards for the commendable liberality of the Board he represents.

I have also visited the most noted institutions of this kind in England and France, and, with the exception of the agricultural colony at Clermont, I have seen nothing deserving of special commendation which is not also found in our own country. Indeed, I think, as a general rule, we are considerably in advance of the old world in the successful treatment of the insane, and our statistics will show a larger percentage of cures than can be found in the large majority of European asylums. And it is very natural that it should be so. Americans are the most practical people in the world; they are not easily led to adopt novelties merely because they are novelties, but which have nothing else to recommend them; but they speedily introduce every improvement which is founded in reason and common sense, and which promises any practical benefits, wherever it may have originated. The unreasonable and obstinate prejudice which exists in Great Britain, against adopting anything new from foreign countries, fortunately does not exist among us, and hence we are never found lagging far behind in the race of improvement, and the march of civilization. Hence, Prof. Ackland, M.D., of Oxford, who accompanied the Prince of Wales in his recent visit to the United States, expressed surprise that American physicians should visit Europe to examine lunatic asylums, for they would find better ones at home, as at Philadelphia, under the charge of Dr. Kirkbride (and, I may also add, at Bloomingdale, under the charge of Dr. Brown), than can be found in Europe. Such I know to be the opinion of the most enlightened physicians of England, Germany, and France, who have made themselves acquainted, by personal observation, with such institutions on both sides of the Atlantic.

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[*] Kölliker's Manual of Human Histology, page 257. Syd. Ed.

In England I visited, among others, the great establishments of Hanwell, Colney Hatch, Bethlehem Hospital, etc., also the private asylums of Dr. Conolly and others, but I saw nothing which is not well known and carried out in the United States. The Commissioners of Lunacy have, no doubt, effected many reforms, and corrected many evils, though they have not always sufficient power to carry out the improvements which they recommend; still public opinion, sooner or later, corrects the evil, and the public reap the benefit of their wise and practical suggestions. Such Boards are needed in our own country, and it is to be hoped that it will not be long before all our states will adopt a similar measure. There will, necessarily, be more or less clashing and friction between such boards and the trustees and managers of insane asylums, but this is incident to all supervisory bodies, and must be expected. Still, the evident benefits and improvements which they effect is a sufficient answer to the objections sometimes brought against them.

In company with Dr. Hills, of the Ohio State Lunatic Asylum, I visited the great lunatic establishment at Charenton, which is designed by the French government as the model institution of the kind in France. It is organized on a grand scale, more than six hundred thousand dollars having been recently expended in its reconstruction. It is situated on an elevated plateau, or rather terraces, protected from northerly winds by the parc of Vincennes, and commands an extensive prospect of the valley of the Marne and the Seine. The numerous sections, all furnished with galleries, courts, lawns, etc., allow of more classifications than can be found in any of our asylums. There are fountains in all the courts, and water is abundantly furnished for baths, etc., to every part of the establishment. The courts and buildings, also, are all lighted with gas, made on the premises, which is introduced into all the rooms and dormitories.

All of the rooms fronting the river command a very extensive and beautiful prospect, and the pay patients are each furnished with a separate apartment, and a place for the attendant to sleep. Both male and female wards are connected with extensive gardens and forests, where they walk a considerable part of every day. There is a farm, also, connected with the establishment, where the patients are "invited to labor," some of whom accept the invitation. But I could not learn that many of the patients were engaged either in gardening, horticulture, or agriculture; for there is not that system of organized labor which is so successfully carried out at the "colony" at Clermont. Many of the females are employed in needle work, embroidery, etc.; and there is a professor of music attached to the institution, who gives daily lessons in music; there is also a library, lecture-room, billiard-room, etc., provided for their recreation and amusement. Some are taken out in carriages to ride, music and dancing parties are held twice a week in the grand saloon, and as many of the customs of the world and French society are introduced as is thought useful or expedient. The establishment is placed under the authority of the Minister of the Interior, and is presided over by a director appointed by the Minister. There is also a "Consultive Commission," whose members are taken from the "Council of State," the "Court of Cassation," and the "Court of Accounts," appointed also by the Minister, and whose services are gratuitous.

The annual allowance for the establishment is proposed by the director, with the advice of the consultive commission, and approved by the Minister, to whom an annual report is made. The financial affairs come under the cognisance of the "Court of Accounts." Dr. Cabmeil is the Physician-in-chief, aided by several resident assistants. A chaplain also resides in the institution, who daily celebrates mass in the chapel. All the religious services are celebrated with the usual pomp of the catholic church, accompanied by the organ.

The dormitories are spacious, well lighted, and airy, and the passages warmed by iron pipes under the floor; but it struck me, as well as Dr. Hills, that there was generally a lack of proper ventilation. The day was, however, very hot and sultry, and no air stirring.

Patients are received here as boarders, and gratuitously on an order from the Minister, who has a certain number of *bourses* at his disposal, to be applied for a limited time in favor of persons having a claim on the government. There are three classes of boarders: the first, those who pay 1425 f., and upwards; the second, 1125 f.; and the third, 828 f., including washing. Certificates signed by medical men, not more than a fortnight before admission, are to be presented on behalf of lunatics previous to their admission, and certain formalities have to be complied with. Having a general ticket of admission to all the hospitals of France from the Minister of the Interior, we were freely shown through every part of the establishment, which, we have no doubt, is admirably managed. The ordinary means of physical restraints are here employed to a considerable extent, and are, in my judgment, preferable to padded rooms and complete isolation, as practised in the British institutions, as society seems indispensable to recovery. The establishment now contains about nine hundred patients.

The great Hospice *Salpetrière* is both an alms-house and a hospital, chiefly for incurable, epileptic, or lunatic female patients, and patients advanced in age. It contains 5204 beds, of which 2917 only are occupied by real patients. It is an immense establishment, consisting of forty-five distinct buildings, extending 1680 feet in length. The hospital receives, first, the *reposantes*, women who have been in its service thirty years, and who are upwards of sixty; second, indigent old women, upwards of ninety, afflicted with incurable maladies; third, insane and epileptic females. The lunatics, of whom three-fourths are considered dangerous, are kept in separate infirmaries and treated with the greatest care. I saw several hundred of them sitting at the supper-table, each with an ample allowance of wine, and a plate of ripe plums and apricots, besides bread, etc. It was a delightful sight to see the cheerfulness of the old ladies, and hear their merry chat as they partook of their evening meal.

The *Bicêtre* is situated on lofty ground, differing in this respect from the Salpetrière, and enjoys a more salubrious air than most of the Parisian hospitals. It is an asylum for indigent old men and male lunatics, and receives about two thousand patients. It presents a square of nine hundred feet on each side, and contains three courts. The indigent and infirm old men occupy the greater part of the building. They have no private rooms, but there are large rooms with workshops and dormitories, as also several gardens and court-yards for exercise. They are obliged to work three hours a day at their respective trades, or other occupations, and receive in return a share of the profits; the rest goes towards defraying the expenses of the establishment. The daily allowance to the indigent is a portion of soup, a pound and a quarter of bread, four ounces of meat for dinner, vegetables or cheese at night, and a quarter of a pint of wine. The average daily cost of each is nine sous (cents), and the total annual expense about nine hundred thousand francs. The number of lunatics, idiots, and epileptics is about nine hundred, who have the same allowance as paupers, except a larger allowance of bread. Physical restraint, by strait jackets, etc., is very common. Generally, however, the treatment is very mild, and daily employment is given on a model farm and bleaching-ground, where there are also sties for breeding swine of superior breeds. This farm not only supplies the establishment, but produces sufficient to partly supply the other Parisian hospitals. There are various kinds of schools in the establishment for lunatics of all ages. Instrumental concerts are often given by the patients. Voisin, Delasiuave, and Moreau are the physicians having charge of the lunatics.

There are also numerous private lunatic asylums in the neighborhood of Paris, the most celebrated being that founded by Esquirol at Ivry, Dr. Marcet, of the Bicêtre, being resident physician; the *Maison de Santé du Chateau, Sainte-James, près Paris*, and the *Maison de Santé* of Dr. Blanche, at Passy. The establishment of *Sainte-James* is near the Bois de Boulogne, and is carried on by Dr. Casimer Pinel, the nephew of the celebrated Pinel.. It is a very extensive old chateau, built in the reign of Louis XV., and in the style of that age, and was occupied during the reign of Louis Philippe by M. Thiers, his minister, the distinguished historian. The grounds, which occupy several acres, are handsomely ornamented with flowers, shrubs, and trees, artificial lawns, grottoes, and bodies of water, etc. There is a large and productive kitchen-garden, and a variety of fruit trees. The walks are pleasant and well shaded, and there is a commodious billiard-room excavated from a solid rock. There are several buildings appropriated to the patients who belong to the wealthier classes, and pay from seven to twelve hundred dollars annually. Nearly all have their own servants. The two sexes occupy distinct premises. The attendant sometimes occupies the same room with the patient, but more frequently an adjoining one, separated by lattice-work. The fire and lights are also placed in the servant's room, and are inaccessible. The main building seemed to me very poorly adapted to the purpose of an insane asylum, many of the rooms being small, and not being well lighted or ventilated. The Doctor is a member of the Legion of Honor, and an author of distinction. He very politely gave me several of his works on insanity. He is a great advocate for the use of prolonged baths, and long continued dripping of cold water on the head in certain cases of insanity, and has written a treatise on the subject. He has also written a work on the "Isolation of the Insane," which he deems advisable in a large majority of cases; not at home, but in a public or private asylum, and indispensable for the poorer classes. He insists on the great importance of resorting to it at as early a period as possible, and believes that the incurable cases originate from a neglect of isolation in the beginning of the disease.

The Doctor resorts to the usual modes of physical restraint in all violent cases, and where the patients are inclined to injure themselves or others. He is about sixty, of affable and agreeable manners, and enthusiastic in his specialty. He numbers about forty patients. The private institution of Dr. Blanche, at Passy, is also located in an old chateau of the age of Louis XV., built by Prince Carignan, and occupied by his descendants for many generations. During the French Revolution it was occupied by the Princess Lamballe, who was seized in this very house and dragged before the Revolutionary Tribunal, to be brutally murdered by the mob before she could reach the guillotine. Extensive additions have, however, been made by Dr. Blanche, so that it is now tolerably well adapted to the purposes of such an establishment. The premises occupy several acres, which are well laid out in walks, pastures, lawns, etc., and planted with ornamental trees and shrubbery. Each patient has his own attendant and a separate apartment. Each patient pays, on an average, about one thousand dollars annually, some more, some less. Physical restraints are freely used, as preferable to padded rooms. Dr. Blanche does not believe in isolation, nor in prolonged baths, nor water drippings on the head. There may, possibly, exist some rivalry between him and Dr. Pinel, for they are rather antagonistic on many points. The Doctor spoke highly of Arnot's water-bed for paralysed cases. To the question, why general palsy was more frequent than formerly, Dr. Blanche replied that people lived faster than they used to, used up their nervous agency sooner than they formerly did, which I conceive is the true explanation. He said that domestic unhappiness was a very frequent cause of insanity; that there were few happy marriages in France; that those in Paris could easily be counted; that most of those who lived together were not man and wife, etc. I hope he is mistaken.

Dr. Blanche showed Dr. Brown and myself every part of his establishment, and explained fully his views in regard to the management of the insane. He has about eighty patients, and his terms, as will be seen, are about the same as those of Dr. Pinel. This must suffice for the public and private lunatic asylums of France. The subject is far too vast to be treated satisfactorily within the limits I have allotted myself; but there are other topics, at least as interesting, which demand our notice, and which will receive attention in future communications.

American Medical Times.

SATURDAY, DECEMBER 6, 1862.

GARIBALDI'S WOUNDS.

The recent misadventure by which the life of the Italian patriot **Garibaldi** has been jeoparded, has gradually assumed a professional aspect of remarkable interest. No less than four nationalities have been represented in the consultation over his wounds. From the conflicting accounts which have been published, we glean the following facts:—

Garibaldi received a gunshot wound of the ankle at the battle which resulted in his capture. The ball opened the joint, fracturing the internal malleolus. The question of the presence of the ball in the wound divided the eminent Italian surgeons in attendance, the majority inclining to the opinion that it was present. No efforts were made to remove it, and the health of the patient soon became critical. They put forth the following opinion of the condition of the patient:—

"From the general course of the illness, and from all our foregoing observations, we think we may anticipate a favorable success, notwithstanding the degree of anchylosis which may manifest itself; but we are still of opinion that the wound is serious—1, because the important articulation of the foot with the leg is open, and the internal ankle is fractured; 2, because the presence of the bullet is not disproved; 3, on account of the arthritic disposition of the sufferer—all circumstances which might give rise to morbid complications of such a nature as to prolong and even to aggravate the complaint. As to the cure, we deem it expedient to persevere in the treatment hitherto followed."

About this time an English Society sympathizing with the sufferer, determined to despatch a surgeon to ascertain exactly what was the condition of the wound, and relieve their suspense. Regardless of all professional etiquette, being invited neither by the patient nor his surgeons, the surgeon, a Mr. Partridge, accepted the proffered mission (and a fee of $3000), and subsequently published the following statement:—

"The accident may be described, shortly, as a transverse compound fracture of the right internal malleolus (ankle bone), produced by a rifle shot, which, though it opened the joint by a small aperture, did not enter it nor lodge itself in any other part of the limb. The outer ankle bone remains uninjured, nor does the astragalus (the great pulley-like bone of the foot, which sustains the leg) appear to have been injured; the most careful examinations, made immediately after the accident and since, have led to the conclusion that no other bone except the tibia (or greater bone of the leg) was implicated in the injury. At first severe inflammation, swelling, and excessive pain, followed upon the infliction of the wound; but these were subdued by cold applications, cataplasms, leeches, and rest, so that now the ankle and surrounding parts present nearly their natural size and form, the foot being almost at a right angle with the leg, and otherwise in excellent position. The wound, the circumference of which (on its superficial aspect) is rather larger than that of half a franc, looks well, and discharges healthy matter, mingled with molecular fragments of exfoliating bone, which are rarely larger than grains of sand. The present unswollen state of the ankle and of the parts around it permits of an examination, which has confirmed the assurance given by other circumstances, that the bullet did not enter the joint, nor effect a lodgment elsewhere. * * * *. My opinion is that (bearing in mind his habitually abstemious habits), if mental as well as bodily repose are steadily enforced, if the injured limb be kept at perfect rest, if the general health and strength be sustained by suitable nourishments (and, if need be, by stimulants), by well aired, well kept, and quiet rooms, and, lastly, by a continued supply of those comforts necessary to his present condition, the general will, with time (certainly some months) and care, have a good, useful foot, though the ankle-joint may become stiff, or, at the best, be only partially movable.

Bearing date of Spezzia, Oct. 31, is the following card, signed by Pirogoff, we presume the distinguished Russian Surgeon:—

The examination of General Garibaldi's wounded foot has furnished the following results:—

1. The articulation of the foot is opened by the ball on the internal side.

2. The two malleoles, together with the internal portion of the articulation, are tumefied.

3. As far as we can judge by external exploration, the ball will be found towards the external part of the articulation, fixed in the bone.

4. The suppuration is sufficiently good, and not abundant.

5. The foot is slightly turned inwards.

6. The distance between the two malleoles is greater on the wounded side by one and a quarter to one and a half than on the uninjured side.

7. The exploration of the wound, either with the finger or with instruments, is only indispensable when the certainty is reached that the ball has become mobile, and has neared the surface; such exploration should be followed immediately by the extraction of the ball.

8. The general health of the patient is excellent.

9. The expectative method—*i.e.* patience—is the one and only method to be followed in the present moment. It must be changed when the quality of the pus, the detachment of splinters, or the formation of an abscess, prove the evident necessity of the extraction of the ball.

10. The method of dressing the wound by the attending surgeon leaves nothing to be desired.

11. It is indispensable that the patient be kept in a spacious and well aired chamber, and that he pass the winter in a warm and dry climate.

Finally, we have added to the consultation a representative of French surgery in the person of the eminent surgeon Nelaton. He visited Italy by invitation of the patient. The report which he presented contains the following opinions:—

"I think that the ball lies within the wound, and that the probe strikes against it when introduced about one inch into the part. I must say that my impression, as to to the state of the wound, was very favorable when the limb was freed from dressings. The patient is not in danger at present; the pulse is good, the skin cool, the appetite sufficient, sleep satisfactory, and the aspect of the patient excellent. As to treatment, I think that the opening should be gradually widened for some days towards the foreign body, by means of dilating substances. At the end of five or six days the wound will be large enough to admit of extraction with the ball-forceps. It is preferable to extract thus gradually than by immediate means, which, however, would be quite practicable. Summary measures of the latter kind would present some difficulties; they would give rise to much pain and fever. They are, moreover, not imperiously required, as the patient's general health is every day improving."

We have here a grave consultation over a case admitting of the most rigid inspection, composed of representatives of Italian, English, French, and Russian surgery. It is stated that at the last consultation there were no less than seventeen surgeons present. The practical points reviewed are of great interest to the American surgeon, and may be briefly summed up as follows:—Is the ball present or not, in an open gunshot wound which the probe can readily explore to its extreme limits? If present, is the ball to be removed at once, or by gradual means? Such is the question presented practically to the best surgeons of Europe and about which, there is a difference of opinion. The conclusion of the consultation reveals English surgery pitted in diagnosis against continental surgery. The weight of evidence, giving due prominence to the reputation of the consultants, is largely in favor of the presence of the ball in the wound. English surgery, never expert in diagnosis, will doubtless have to yield this point. It would be gratifying to know what was the method of examining the wound. The patient is said to have suffered great agony during the examination; from which it is proper to infer that no anæsthetic was administered, unless there were strong objections. This was a singular omission, in a case of so much doubt, of an aid which would have greatly facilitated the exploration! Finally, shall a ball, lodged in an open wound involving a joint, be removed forcibly when "quite practicable," or be allowed to escape by the process of suppuration? The consultants in this case decid d to dilate the wound gradually, and allow the ball to escape. The argument in favor of this method is, that summary measures would give rise to pain and fever. An Italian writer, in criticising this decision, states very justly that the first precept in surgery, in such cases, is to extract the projectile, as its presence may lead to profuse suppuration or purulent absorption. It would certainly be a novel feature in American surgery to allow a ball to remain in the ankle-joint when the removal was "quite practicable," and the only obstacle was the danger of giving pain.

◆

THE WEEK.

We have already noticed the establishment of a Directory of hospitals by the Sanitary Commission. Through the efforts of the indefatigable Secretary, Mr. Olmsted, this Directory has already been brought into complete working order, and will prove one of the most important and useful branches of the service of the Commission. The following circular explains the nature of this Directory:—

The Sanitary Commission have established an office of information in regard to patients in the Hospitals of the District of Columbia, and of Frederick City, Maryland. By a reference to books, which are corrected daily, an answer can, under ordinary circumstances, be given by return mail to the following questions: 1st. Is —— —— [giving name and regiment] at present in the hospitals of the District or of Frederick City? 2d. If so, what is his proper address? 3d. What is the name of the Surgeon or Chaplain of the hospital? 4th. If not in hospital at present, has he recently been in hospital? 5th. If so, did he die in hospital, and at what date? 6th. If recently discharged from hospital, was he discharged from service? 7th. If not, what were his orders on leaving? The Commission is prepared also to furnish more specific information as to the condition of any patient in the District hospitals, within twenty-four hours after a request to do so, from an officer of any of its corresponding societies. The office of the Directory will be open daily from 8 o'clock A.M. to 8 o'clock P.M., and accessible in urgent cases at any hour of the night. The number of patients in these hospitals is about 25,000. If found to be practicable, the duty here undertaken locally by the Commission will be extended to include all the general hospitals in the country.

—

A London medical contemporary sneeringly remarks that American army surgeons who attempt to gain a livelihood by practice, after peace is restored, will quickly be reduced to the condition of the Lancashire operatives. This remark has significance only to an English mind, which cannot conceive of a country where the honest, frugal, and industrious citizen never knows want. And yet it ought to be apparent, even to Englishmen, that a country capable of carrying on the most gigantic war of modern times, and at the same time of charitably relieving their starving countrymen by shiploads of food, cannot have a class of necessary paupers.

—

We desire to call the attention of the Surgeons in charge of military hospitals to the Diet Table for the General Hospitals, U. S. Army, which has been prepared by a commission appointed by the Surgeon-General. It is important that a uniform diet table should be adopted in all hospitals, but before any particular form is selected, that recommended by the Commission is submitted for trial.

◆

Miss Nightingale.—We regret to learn that there is only the very slightest foundation for the report of Miss Nightingale's restoration to health. She is able to remove from one place of residence to another—a very few miles—once a year, but she is scarcely able to leave her bed in the intervals, and quite unable to struggle with the flood of correspondence and applications of all kinds which the report of her partial recovery has brought upon her.—*Brit. Med. Jour.*

Correspondence.

AN IMPOSTOR AMONG MEDICAL MEN.

[To the Editor of the American Medical Times.]

Sir:—I have just learned of a successful deception practised upon several gentlemen of the Profession in New York and Philadelphia, personally unknown to me, under the assumption of my name. As in these instances sums of money have, on various pretexts, been obtained, I beg that any one upon whom the imposter referred to may call, will do me the justice to procure his arrest.

Yours, etc.

Horatio R. Storer, M.D.

Boston, Nov. 27, 1862.

Army Medical Intelligence.

DIET TABLE FOR GENERAL HOSPITALS,

United States Army.

ARTICLES COMPOSING THE DIFFERENT DIETS FOR A DAY, AVOIRDUPOIS WEIGHT.

FULL DIET.

Meat	oz.	16
Bread	oz.	18
Potatoes	oz.	8
Other Vegetables	oz.	8
Rice, Hominy, or Indian Meal	oz.	1.60
Salt	gill.	0.16
Coffee	oz.	0.80
Tea	oz.	0.12
Sugar	oz.	2.40
Milk	oz.	8
Butter	oz.	1
Flour	oz.	0.25
Molasses	gill.	0.32
Vinegar	gill.	0.32
Tuesday, *in lieu of Fresh Meat:*		
Pork	oz.	8
Beans	gill.	0.64

HALF DIET.

Meat	oz.	8
Bread	oz.	16
Potatoes	oz.	6
Other Vegetables	oz.	6
Rice, Hominy, or Indian Meal	oz.	1.60
Salt	gill.	0.16
Coffee	oz.	0.80
Tea	oz.	0.12
Sugar	oz.	2.40
Milk	oz.	8
Butter	oz.	1
Flour	oz.	0.25
Molasses	gill.	0.32
Vinegar	gill.	0.32

CHICKEN DIET.

Fowl	oz.	12
Bread	oz.	18
Salt	gill.	0.16
Tea	oz.	0.24
Sugar	oz	2.40
Milk	oz	8
Butter	oz.	1

LOW DIET.

Meat	ez.	8
Bread	oz.	14
Salt	gill.	0.16
Tea	oz.	0.24
Sugar	oz.	2.40
Milk	oz.	8
Butter	oz.	1
Rice, Farina, Corn Starch, or Bread, made into Pudding	oz.	2

MILK DIET.

Bread	oz.	14
Rice	oz	2
Milk	pt.	8
Sugar	oz.	1

BEEF-TEA DIET.

Beef (without bone)	oz.	8
Bread	oz.	12
Salt	gill.	0.32
Tea	oz.	0.24
Sugar	oz.	2
Milk	oz.	4

EXTRA DIETS AND DRINKS.

Beef Steak.
" Essence.
" Extract.
Mutton Chop.
" Broth.
Veal Cutlet.
Ham, broiled.
Poultry.
Game.
Eggs.
Fish.
Oysters, raw.
" stewed.
Clam Soup.
Vegetables (special).
Milk.
Sugar, white.

Sugar, brown.
Barley.
Cracked Wheat.
Gruel, Corn meal.
" Oat Meal.
Farina.
Corn Starch
Tapioca.
Crackers.
Toast.
Chocolate.
Cocoa.
Blanc Mange.
Wine Jelly.
Custard.
Oranges.

Lemons.
Fruits.
Ice.
Barley-water.
Rice water.
Jelly-water.
Lemonade.
Wine Whey.
Brandy.
Whiskey.
Wine, Sherry.
" ——
Porter.
Ale.
Cider.
Milk Punch.

FULL DIET.

	SUNDAY.			MONDAY.		
	Coffee	pt.	1	Coffee	pt	1
	Bread	oz.	6	Bread	oz.	6
	Butter	oz.	½	Butter	oz.	½
	Hominy, boiled	oz.	2	Cold Meat	oz.	4
	Molasses	gill.	0.82			
	Roast Beef	oz.	16	Beef Soup	pt.	1½
	Potatoes	oz.	8	" " Meat	oz.	12
	Other Vegetables	oz.	8	Bread	oz.	6
	Bread	oz.	6	Potatoes	oz.	8
				Other Vegetables	oz.	8
	Rice Pudding					
T	Tea	pt.	1	Tea	pt	1
	Bread or Crackers	oz.	6	Bread	oz	6
	Cheese	oz.	8	Butter	oz.	½

	TUESDAY.			WEDNESDAY.		
Breakfast.	Coffee	pt.	1	Coffee	pt.	1
	Bread	oz.	6	Bread	oz.	6
	Butter	oz.	½	Butter	oz.	½
	Meat Hash, with Vegetables	oz.	8	Indian Meal, boiled	oz.	2
				Molasses	gill.	0.82
Dinner.	Pork Baked	oz.	8	Beef, recently corned, or Ham, boiled	oz.	16
	Beans or in Soup	gill.	0.64	Potatoes	oz.	8
	Potatoes	oz	8	Other Vegetables	oz.	8
	Other Vegetables	oz.	8	Bread	oz.	6
	Bread	oz.	6	Pickles	oz.	1
	Indian Pudding					
Tea.	Tea	pt.	1	Tea	pt.	1
	Bread	oz.	6	Bread	oz.	6
	Butter	oz.	½	Butter	oz.	½
	Fruit, stewed	oz.	4			

	THURSDAY.			FRIDAY.		
Breakfast.	Coffee	pt.	1	Coffee	pt.	1
	Bread	oz.	6	Bread	oz.	6
	Butter	oz.	½	Butter	oz.	½
	Meat Hash, with Vegetables	oz.	8	Fish, fresh or salt	oz.	8
Dinner.	Semi-stewed Beef or Mutton	oz.	12	Cod-fish, in Hash	oz	8
	Do. do. Soup	pt.	1	" with Potatoes	oz	12
	Potatoes	oz.	8	Beets or Turnips	oz.	8
	Other Vegetables	oz.	8	Bread	oz.	6
	Bread	oz	6	Bread Pudding		
Tea.	Tea	pt.	1	Tea	pt	1
	Bread or Crackers	oz.	6	Bread	oz	6
	Cheese	oz.	8	Butter	oz	½

	SATURDAY.		
Breakfast.	Coffee	pt.	1
	Bread	oz	6
	Butter	oz.	½
	Hominy, boiled	oz	2
	Molasses	gill	0.82
Dinner.	Semi-stewed Beef or Mutton	oz.	12
	Do. do. Soup	pt.	1
	Potatoes	oz	8
	Other Vegetables	oz.	8
	Bread	oz.	6
Tea.	Tea	pt.	1
	Bread	oz.	6
	Butter	oz.	½
	Fruit, stewed	oz.	4

HALF DIET.

	SUNDAY.			MONDAY.		
Breakfast.	Coffee	pt.	1	Coffee	pt.	1
	Bread	oz.	6	Bread	oz.	6
	Butter	oz.	½	Butter	oz.	½
	Indian Meal, boiled	oz.	2			
	Molasses	gill.	0.82			
Dinner.	Beef Broth	pt.	1	Beef Soup	pt.	1
	" " Meat	oz.	8	" " Meat	oz.	8
	Bread	oz.	4	Bread	oz.	4
	Potatoes	oz.	6	Potatoes	oz.	6
	Other Vegetables	oz.	6	Other Vegetables	oz.	6
	Rice Pudding.					
Tea.	Tea	pt.	1	Tea	pt.	1
	Bread	oz.	6	Bread	oz.	6
	Butter	oz.	½	Butter	oz.	½

	TUESDAY.			WEDNESDAY.		
Breakfast.	Coffee	pt	1	Coffee	pt.	1
	Bread	oz.	6	Bread	oz.	6
	Butter	oz.	½	Butter	oz.	½
	Hominy, boiled	oz.	2			
	Molasses	gill.	0.82			
Dinner.	Mutton or Beef broth	pt.	1	Beef Soup	pt.	1
	" " Meat	oz.	8	" " Meat	oz.	8
	Bread	oz.	4	Bread	oz.	4
	Potatoes	oz.	6	Potatoes	oz.	6
	Other Vegetables	oz.	6	Other Vegetables	oz.	6
	Indian Pudding.					
Tea.	Tea	pt.	1	Tea	pt.	1
	Bread	oz.	6	Bread	oz.	6
	Butter	oz.	½	Butter	oz.	½

	THURSDAY.			FRIDAY.		
Breakfast.	Coffee	pt.	1	Coffee	pt.	1
	Bread	oz.	6	Bread	oz.	6
	Butter	oz.	½	Butter	oz.	½
	Indian Meal, boiled	oz.	2			
	Molasses	gill.	0.82			
Dinner.	Beef or Mutton Broth	pt.	1	Cod-fish Hash, with Potatoes	oz.	8
	" " Meat	oz.	8	Bread	oz.	4
	Bread	oz.	4	Vegetables	oz.	6
	Potatoes	oz.	6	Bread Pudding.		
	Other Vegetables.	oz.	6			
Tea.	Tea	pt.	1	Tea	pt.	1
	Bread	oz.	6	Bread	oz	6
	Butter	oz.	½	Butter	oz.	½

	SATURDAY.		
Breakfast.	Coffee	pt.	1
	Bread	oz.	6
	Butter	oz.	½
	Hominy, boiled	oz.	2
	Molasses	gill.	0.82
Dinner.	Beef Soup	pt.	1
	" " Meat	oz.	8
	Bread	oz	4
	Potatoes	oz.	6
	Other Vegetables	oz.	6
Tea.	Tea	pt.	1
	Bread	oz.	6
	Butter	oz.	½

	CHICKEN DIET.			LOW DIET.		
Breakfast.	Tea	pt.	1	Tea	pt.	1
	Bread	oz.	6	Bread	oz.	5
	Butter	oz.	½	Butter	oz.	½
Dinner.	Chicken	oz.	1½	Beef Tea, or Mutton or Chicken Broth	pt.	1
	Or Chicken Soup	pt.	6	Bread	oz.	4
	Bread	oz.		Rice, Farina, Corn Starch, or Bread in Pudding	oz.	2
Tea.	Tea	pt.	1	Tea	pt.	1
	Bread	oz.	6	Bread	oz.	5
	Butter	oz.	½	Butter	oz.	½

	MILK DIET.			BEEF-TEA DIET.		
B'ft.	Milk	pt.	1	Tea	pt.	1
	Bread	oz.	6	Bread	oz.	4
Dinner.	Rice	oz.	2	Beef Tea	oz.	12
	Milk	pt.	1	Bread	oz.	4
	Bread	oz.	4			
	Sugar	oz.	1			
Tea.	Milk	pt.	1	Tea	pt.	1
	Bread	oz.	4	Bread	oz.	4

NOTE.—Medical Officers who receive this Diet Table are directed to adopt it immediately in the hospitals under their charge, and to comply strictly and carefully with its provisions for thirty days, keeping during that period an accurate account of expenditures from the Hospital Fund. At the end of that time they will report the results of this experimental trial, its effects upon the sick and upon the Hospital Fund, and will make such suggestions as they may deem appropriate, the object being to test the practical operation of the Diet Table, before adopting it as the standard for the General Hospitals.

It is recommended that the diets be prepared according to receipts in the Stewards' Manual.

WM. A. HAMMOND, Surgeon General U.S A.

SURGEON GENERAL'S OFFICE, October 28, 1862.

Medical News.

DISEASES OF THE HEART IN AUSTRALIA.—Inflammation of the pericardium is more common in the colony than in England, and the deaths are more numerous. Thus about 1 out of every 359 deaths which ensued in Melbourne during twelve months was from this disease; while in London it amounted to only 1 out of every 532 of the deaths, and in England to only 1 out of every 889. Aneurism, again, is both more frequent and more fatal in the colony than in England. The deaths in Melbourne in twelve months from this disease were 26 out of 3,593 deaths from all causes—about 1 in 138; while in London the number was only 68 out of 59.103 of the deaths from all causes—about 1 in 869; while in England the deaths were 321 out of 419,865 of the deaths from all causes—about 1 in 1,349.—*Medical Record.*

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 24th day of November to the 1st day of December, 1862.

Deaths.—Men, 82; women, 74; boys, 100; girls, 96; total, 352. Adults, 156; children, 196; males, 182; females, 170; colored, 4. Infants under two years of age, 127. Children born of native parents, 26; foreign, 180.

Among the causes of death we notice:—Apoplexy, 8; infantile convulsions, 20; croup, 28; diphtheria, 19; scarlet fever, 10; typhus and typhoid fevers, 6; consumption, 70; small-pox, 8; measles, 8; dropsy of head, 9; infantile marasmus, 18; cholera infantum, 1; inflammation of brain, 5; of bowels, 7; of lungs, 30; bronchitis, 8; congestion of brain, 12; of lungs, 7; erysipelas, 8; diarrhœa and dysentery, 11. 186 deaths occurred from acute diseases, and 28 from violent causes. 225 were native, and 127 foreign; of whom 89 came from Ireland; 85 died in the City Charities; of whom 6 were in Bellevue Hospital, and 1 died in the Immigrant Institution.

Abstract of the Atmospherical Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Nov. 1862	Barometer.		Temperature.			Difference of dry and wet bulb. Thrm.		Wind.	Mean amount of cloud.	Humidity Sat'tion, 1000
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	In.	In.	°	°	°	°	°			
23rd.	29 90	.30	33	28	35	6	8	N.W.	4	609
24th.	30.10	.15	33	26	38	7	10	N W to S W	0	560
25th.	29 91	.20	42	33	50	6	10	S.W to S.E	5	680
26th.	29.68	.34	38	34	42	2	2½	N.E to S.E	9.8	860
27th.	29 84	.06	36	33	40	7	10	N.W.	2	564
28th.	29 71	.12	34	34	44	5	8	N W to S W	8	680
29th.	29.78	.07	40	36	48	2	3	N.E to S.E	10	862
30th.	29 93	.16	39	33	42	6	10	S.W.	4	620

Remarks.—23d, Very light snow morning, variable afternoon, clear night, wind fresh all day. 24th, Fine day. 25th, Hazy early A.M., clear morning; cloudy P M., rain commenced at 5½. 26th, Fog early, cloudy all day, a little sunshine at noon; rain evening. 27th, S.W. early A.M., fine day, fresh wind nearly all day, variable sky P.M. 28th, Clear A.M., variable P.M. 29th, Fog early, light rain commenced at 11 A.M. and then continued through the day. 30th, Fine A.M., hazy P M., cloudy at night. Rain for the week half an inch.

SPECIAL NOTICES.

Sydenham Society.—*The subscribers are notified that the Plates of* 1861 *are received by the Secretary,* Dr. Heywood.

Gmelin (L.) Hand-Book of Chemistry.

Vol. I. 2d Edition, revised. 8vo. London, 1861. $4.25.
Bailliere Brothers, 440 Broadway, N. Y.

A Practical Treatise on Diseases of

the Skin in Children; from the French of Caillault. With Notes by R. H. Blake, M.D. 8vo. London, 1861. Price $3.25.
Bailliere Brothers, 440 Broadway, N. Y.

On Surgical Diseases of Women, by

J. Baker Brown, M.D. Second edition, revised and enlarged. 8vo. London, 1861. $6.00.
Bailliere Brothers, 440 Broadway, N. Y.

A Treatise on the Surgical Diseases

OF THE EYE. By H. Haynes Walton. Second Edition, 8vo. London, 1861. $5.60.
Bailliere Brothers, 440 Broadway, N. Y.

A Manual of the Dissection of the

Human Body, by Luther Holden, F.R.C.S. 2d edition, illustrated with numerous wood engravings. 8vo. London. 1861. $6.40.
Bailliere Brothers 440 Broadway, N. Y.

Practical Treatise on the Use of the

MICROSCOPE. By J. QUEKETT, M.R.S.C.E. 1 vol. 8vo., illustrated with 11 steel plates, and 300 wood engravings. 3d edition. Price, $6 00.
H. Bailliere, London. Bailliere Brothers, 440 Broadway, N. Y.

A Course of Six Lectures on the

Chemical History of a Candle; to which is added a Lecture on Platinum, by M. Faraday, D C.L., F.R.S. 12mo. London, 1861. $1.40.
Bailliere Brothers, 440 Broadway, N. Y.

On Obscure Diseases of the Brain,

and Disorders of the Mind, by Forbes Winslow, M.D. Second edition, revised. 8vo. London, 1861. $6.40.
Bailliere Brothers, 440 Broadway, N. Y.

To the Medical Profession.—Dr. I.

Parigot, Honorary Professor of the University of Brussels, late Commissioner in Lunacy, and Superintendent of Gheel, has opened an Institution at *Hastings, on the Hudson*, for the cure of mental and nervous diseases. The house is situated in a delightful and retired spot near the Hudson with vast grounds and gardens. The system employed in this new institution (that of *free air and family life*) is based upon the moral and physical liberty of the patients who voluntarily submit to medical treatment.

Dr. P. is permitted to give for his references several gentlemen of the highest scientific authority, and Superintendents of Asylums of the United States. In town he may be consulted at Dr. Elsberg's office, 158 West 15th street, on Tuesdays and Saturdays, for mental diseases and medico-legal questions.

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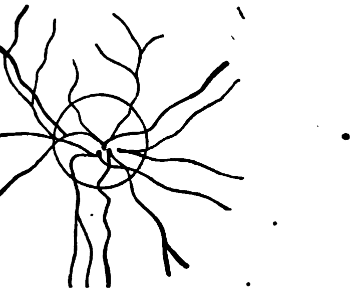
American Journal of Ophthalmology

JULIUS HOMBERGER, M.D., Editor.



No. 3 for November.

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Obstetrical Engagements	4 "
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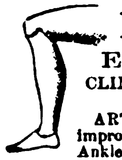

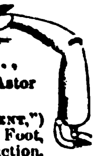

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Being a Series of Essays intended to Illustrate Some Points in the Physical and Moral History of Man. By Sir Benjamin C. Brodie M.D. 12mo. London, 1862. $2.00.

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1861. Pp. 160. Price, $1.25.

Our readers will find a very large amount of information in the twelve chapters of which the volume is made up. Perhaps, in the present state of our knowledge on the subject of this obscurely understood disease, little more can be said beyond what may here be found written down.—*London Medical Times and Gazette.*

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THE EFFECTS OF ALBUMINURIA UPON VISION.

BEING REMARKS MADE BEFORE THE
NEW YORK ACADEMY OF MEDICINE.

By HENRY D. NOYES, M.D.,
ASSISTANT SURGEON, N. Y. EYE INFIRMARY.

It is well known that impairment of sight is one of the occasional phenomena of albuminuria. In the first paper by Dr. Bright, published in Guy's Hospital Reports for 1832, in which, out of the one hundred reported cases, he gives a detailed statement of the symptoms of ten, five of these latter had deterioration or loss of vision. Before Dr. Bright brought to light the kidney disease, cases of dropsy were recorded seventy years ago in which attention was called to the remarkable loss of vision of the patients. The origin of this symptom was ascribed to the brain, or left unaccounted for by covering up entire ignorance of the matter under the name of amaurosis. So little attention did this important damage of function excite, that at post-mortem examinations the eyeballs were not examined; and as late as 1852, in Guy's Hospital Reports, will be found one hundred cases of Bright's disease tabulated by Dr. Wilks, in which among the columns of symptoms no mention is made of eye lesions. In France the visual disturbance first awakened investigation. The first paper upon it was published by M. Landouzy in the *Annales d'Oculistique* for 1851. This was the year in which Prof. Helmholz, of Heidelberg, studying why, when the media of the eye are transparent, the pupillary aperture through which the light enters should not permit light to come out again, but should always appear dark, in solving this problem fell upon the invention of the ophthalmoscope. Aided by this simple yet wonderful instrument, the pathology of the deep textures of the eye may, when our limited knowledge of former days is remembered, be said to have advanced to the precision and value of an exact science. We now know that the amaurosis of albuminuria is due to a lesion of the retina, and not of the brain, in the vast majority of cases. Still further, so accurate is the knowledge afforded by the ophthalmoscope, and so great the possible diagnostic skill, that whereas the eye trouble was once regarded as simply an interesting phenomena in the progress of Bright's disease, it has now become an index of unsuspected renal disease, and a means of diagnosis. It has happened to not a few oculists of the present day to have pointed out the lurking malady of the kidney by the ophthalmoscope. This fact gives the occurrence of visual disorder a peculiar significance, and is reason why it should have been assigned special consideration in this discussion before the Academy.

We now are made aware that the eye trouble does not belong to the later stages of the disease exclusively, when anasarca and other symptoms, threatening life, command attention; but that it occurs often at a very early period before any such grave danger has been thought of and no alarm taken.

The retinal disease does not seem to have any traceable connexion with brain troubles. When an albuminuric patient gradually or suddenly loses sight, this does not imply special liability to convulsions. There is loss of sight in consequence of convulsions, not merely during the seizure but enduring for twenty-four or forty-eight hours; then usually to disappear. It must also be stated that in certain few cases there is loss of sight due to cerebral disorder without convulsions—but in small proportion. Graefe says that out of thirty-two cases of albuminuric amblyopia, in thirty there were distinct retinal lesions, while in two nothing appeared in the eyes; in these two cases there were persistent headache and other signs of cerebral disturbance.

Statistics of the frequency of ocular complications in Bright's disease are greatly at variance—there have not been collected sufficient data to give any reliable percentage. It can only be asserted, as the impression of those who see much of eye disease, that this kind of retinitis is of rather frequent occurrence, and that it appears in a considerable number of cases of Bright's disease. It matters not what state of the system may be the especial cause of albuminuria, whether disease of the kidney be primary or be the effect of scarlet fever, or of pregnancy: the ocular lesions may obtain, and are of the same nature in all of them. The only condition necessary to their production is urea circulating in poisonous quantity in the blood.

I cannot refrain, however, from introducing here a remarkable and exceptional case of eye disease produced remotely by Bright's kidney, recorded by Prof. Virchow (*Archives of Pathological Anatomy and Physiology*, B. 10, Heft I. & II., s. 170. 1856). It was panophthalmitis ending in suppuration of both globes and rupture of one of them. At the autopsy was found general dropsy, marked kidney degeneration, hypertrophy of the heart, and lesion of other organs. Upon the endocardial surface of the left ventricle was found an ulcer. The capillary vessels of the choroid coat of both eyes were many of them plugged up by clots and granular matter. These Virchow explains to be emboli, originating in the detritus of the endocardial ulcer floating in the bloodvessels, arrested in the choroidal capillaries, and causing metastatic abscess, as it may be termed, of the eyeballs. This is a rare, and may be looked upon as an accidental occurrence. The uræmic poison never causes mischief in the eye so striking and utter. The loss of sight may be gradual and almost imperceptible in its onset, or it may be sudden. There may be a succession of attacks at variable intervals. The amblyopia may occur when the patient does not suspect himself in other respects out of health, or it may add to the misery of the sufferer when in the last periods of fully declared Bright's disease.

The loss of sight incident to uræmic convulsions is usually only temporary—that due to retinitis is always slow of removal, and in many cases never disappears. It is almost always alleviated if the patient live long enough. I have in mind a case of Bright's disease in a colored woman, in whom the loss of sight took place seventeen months ago, and her vision is now almost entirely restored.

The inquiry may be raised if there be any one of the several forms of Bright's kidney more apt to produce the eye complication. Of seven autopsies reported by Dr. Wagner, *Arch. f. Path. Anat. u. Phys.*, 1857, where the eyes were known by ophthalmoscopic examination before death to be diseased, in two cases the kidneys were large, white, and soft; in five cases they were small, hard, and atrophied. The general belief is that the kidneys are most frequently in the granular, atrophied state.

It has been attempted to be shown that the retinal lesion is directly dependent on heart disease. In the majority of cases heart disease co-exists—but not in a causative relation. In the seven autopsies of Dr. Wagner, five times the heart was diseased by simple hypertrophy, or by hypertrophy with dilatation, but in two cases the heart was perfectly healthy. Two negatives are enough to disprove the absoluteness of the connexion, and shake belief in the alleged causative connexion. I doubt not disturbances of the circulation have an influence on the nutrition of the eye; but if these cause retinitis, why should not the choroid, which is almost entirely composed of a plexus of bloodvessels, be the chief seat of disease? I cannot but think the retinal disease is the direct effect of circulating urea—as much as is pneumonia, pleuritis, or peritonitis.

To come more specifically to symptoms. Patients complain of a cloud which obscures their vision, a fog through which they try to look. The cloud in the case of a sudden accession of eye trouble may be universal, covering the the whole field of vision; but soon it will begin to give way at the edges, and will occupy more nearly the central part of the field. In many cases the eccentric vision will be as good as usual, while the central dimness is more or less thick. There are sometimes sparks before the patient's eyes and muscæ volitantes; these are not constant. Pain is never experienced. Neither do the globes present outward evidences of disease. There is no external congestion, neither do the pupils give any reliable testimony. They are oftenest entirely unaffected in size and movements; sometimes they act sluggishly, but they never are widely dilated and immovable unless there is total abolition of perception of light. Loss of sight very seldom amounts to this extreme degree. These remarks apply, of course to the case of retinitis, not to blindness accompanying uræmic convulsions, in which there may be paralysis of the pupil.

The only evidence obtainable is by the ophthalmoscope. The lesions are found in the retina. The transparent media are undimmed, except rarely a slight turbidity of the superficial portion of the vitreous at an early and for a brief period. The lesions of the retina vary in degree, and present different phases at different stages. The opportunity seldom arises of viewing the retina within a few days of the inception of disease, but I have once had it; and what others, as, for instance, Graefe, describe, corresponds to what I saw. The optic nerve is extremely red, perhaps so much so as to render it indistinguishable from the normal red color of the fundus, and in this case its situation is only recognised by the emergence of the central retinal arteries and veins. These vessels are turgid, the veins very dark, swollen, and tortuous—at some points indistinct and at other points very distinct, as by their snaky course they advance in front of the focus of the eye or retire beyond it. In place of the normal red color of the fundus, which varies according to the amount of pigment to deaden the reflection through the blood in the choroidal capillaries, and upon which the retina, being in health perfectly transparent, exercises no influence, there is a bluish grey haze. This haze renders the retinal vessels obscure, and is, therefore, easily located in the retina itself. Sometimes when turgidity of the retinal vessels is extreme, their walls rupture and apoplexies are found spotting the surface with bright red irregular patches. These ecchymoses are apt to run in lines parallel to the course of the vessels and spread over them. In this condition of the retina there is very great impairment of sight, indeed there may be total blindness. Within a few days vision will improve, and after a time the opacity will disappear from the retina, and the optic nerve become distinct. Its surface will be very red. But in place of a universally hazy retina will appear white spots in its substance, varying in size, apt to group around the optic nerve and at the macula lutea. They may be no bigger apparently than a pin's head, or may form a large plaque. There may be apoplexies upon them. These spots are the characteristic feature of albuminuric retinitis—they are of a glistening white color, reflecting the light strongly, having such a peculiar glance as to be unmistakable Their color reminds me of the appearance of fat globules under the microscope. At the macula lutea you find the deposit clustered in a group of very small dots surrounding a dark centre, the fovea centralis—each dot glitters with a bright reflection, and the constellation suggests to my mind the Pleiades in the heavens. It may be asked if this color is enough to found a diagnosis upon. I answer, yes, in connexion with some other features. There are three diseases in which white spots appear upon the fundus oculi. The first is atrophy of the choroid, which in places entirely disappears, and consequently exposes the sclerotica. This is a very chronic process, will be attended with opacities, filaments, and flakes in the vitreous humor, the adjacent choroid will appear thin, and upon the edges of the spots is a deposit of pigment, giving a very distinct inky border. Again, in syphilitic retinitis, an exudation of lymph may occur in a short time. I have seen it appear during one night according to the patient's account, and present a whitish patch. Its color is rather creamy, it has an evident thickness, and partly overlies the retinal blood-vessels. Its border is well defined, whatever its form or extent. The borders of the spots of retinal deposit in Bright's kidney are, where they have any considerable size, never well defined. The border fades away insensibly, and is fringed with minute dots of the same brilliant lustre as the central spot. This is a diagnostic point—and the reason of this formation is understood upon stating that the whole spot is formed by a transformation of microscopic elements, and is in reality an agglomeration of minute points. Outside of the principal spot some of the minute elements of the retina have escaped degeneration, while others have undergone it. There are then in the definition and color of these various spots peculiarities which, closely studied, will reveal their diverse nature, and by which such as belong to Bright's disease may be confidently discriminated.

In blindness following uræmic convulsions, the above appearances do not obtain. Dr. Heymann examined such a case by the ophthalmoscope during the patient's insensibility, and found the optic nerve swollen and standing forwards into the vitreous so as to form a real papilla or "colliculus"—its color reddened, the retinal vessels turgid with blood, and the retina itself rendered faintly hazy. These appearances clearly point to an infiltration of the optic nerve and retina with serum: and this view is confirmed by the persistence of dim sight for some time after recovery from the paroxysm, and the succeeding complete restoration.

What is the microscopic anatomy of the retina in albuminuric retinitis? Numerous observations have been made by competent pathologists; by Virchow, by Wagner, by Nagel, by Heymann, by Müller, by Schweigger, and others. They agree substantially, while certain statements of the earlier descriptions are now modified. The lustrous white spots are thickenings of the retina, and consist of molecular detritus, and globular cells filled with molecules, sometimes containing a nucleus: both these elements are dissolved upon application of ether—they are fatty, and compose the bulk of the white spots. Besides, there are found flakes and masses of amorphous fibrine, simple plastic exudation—of course blood capsules, either whole or disintegrating, will be present, if there are apoplexies. Another striking feature is a marked hypertrophy of the areolar tissue of the retina. These fibres, which form the skeleton of the retina, are most abundant in the layer of optic nerve tubules. They also run in a vertical direction down through all the layers of the retina, and as such were first demonstrated by Müller, under the name of the radiating fibres. The fibrous tissue becomes greatly increased in quantity, and just where its hypertrophy is greatest, the fatty degeneration is most abundant. The fatty particles are by far most numerous in the layer of optic nerve fibres, and they follow the course also of the radiating fibres. The globular cells containing fat are regarded as the cells belonging to the fibres of connective tissue. In the nervous elements of the retina, sometimes little change is found. The optic nerve fibres are swollen by imbibition of serum—and they are also seen opaque and varicose, with diverticuli: the condition is known as sclerosis. The ganglion cells become distorted and misshapen, and suffer to a limited extent fatty degeneration. Fatty molecules are found in the granular layers. The most important structure of the retina, the rods and bulbs, Jacob's membrane, is unaltered.

In the optic nerve is found a large increase of fibrous tissue, and the nerve tubules are subject to the same transformations as in the retina.

In the choroid no change takes place, except sometimes a slight loss of pigment.

The transparent media remain unaltered, excepting a faint haziness of the surface of the vitreous is occasionally presented, and consists of a network of filaments.

The reason of the loss of sight is thus understood. The fatty formations obstruct the passage of light down to the rods and bulbs, and the conducting power of the optic nerve is impaired. The great development of connective tissue in the optic nerve may give explanation of the aptitude for apoplexies. It causes in contraction, strangulation of the vessels at the optic nerve entrance. The walls of the retinal vessels are themselves also affected by fatty degeneration, weakening their capacity of resistance, and predisposing them to rupture.

The prospect of recovery of sight will be seen to depend upon how far the nerve elements have suffered. The effused blood may be absorbed; the fatty matter may, in course of months, disappear, and if no other serious lesion exist, sight will return. But if optic nerve fibres and ganglion cells have degenerated extensively, complete restoration will be impossible.

Treatment will not be different from that required by the general disease, excepting that in a highly congested state of the optic nerve and retina, leeching or cupping from the temples, and blistering will be of benefit.

Original Communications.

MEDICAL EXPERIENCE AT HARPER'S FERRY,

DURING A THREE MONTHS' CAMPAIGN.

By JOHN C. DRAPER, M.D.,

OF NEW YORK.

Under the influence of the scare which followed the retreat of Banks down the Shenandoah Valley, the 12th, together with a number of our city regiments, were ordered to proceed to Washington. We accordingly left New York on the 6th of June for that city, but at Baltimore orders reached us which changed our destination to Fort McHenry. On our arrival at the Fort we erected our tents, and commenced the study of camp life, and, as we were informed that we should probably spend the whole of our three months' term at that post, we made every preparation to render our stay as comfortable as possible.

The Post Hospital was placed under my brother's charge, and our first care was to renew the stores and medicines, which had reached a very low condition. No quinine, oil, laudanum, chloroform, or, indeed, any ordinary drug being discoverable; but, in lieu thereof, a plentiful supply of ergot, vaginal syringes, and other material suitable for the practice of the obstetrical art. We did not clearly see to what use these latter supplies were to be put, but finally concluded that they were considered by Uncle Sam as necessary addenda in time of peace to his military establishments.

As soon as we were comfortably settled, and had spent about ten days in our new quarters, we received orders to go to Harper's Ferry, which destination we reached on the 20th.

We had now been in the service two weeks, and the regiment had enjoyed excellent health, though it had been recruited hastily, and the physique of the majority of the men was decidedly inferior to that of the regiments which have recently passed through our city. The good health of the soldiers, I think, was in a great measure due to the care with which hygienic rules were enforced; the men being obliged to wash their bodies frequently, and gather in their Sibley tents for three or four hours every day, so as to expose the ground to the purifying action of the sun's noonday rays, thus volatilizing the animal effluvia with which the earthen floor of a crowded tent so soon becomes saturated, and which favors the production of fevers and bowel complaints. The cooks were also obliged to prepare the food committed to their care in a proper manner, and thus a vast amount of the diarrhœa which is so common in new regiments was avoided. In spite, however, of the precautions which were taken, the soldiers would obtain pies and other articles, and many cases of diarrhœa and dysentery were thus produced, but, without exception, they yielded to the action of a single dose of castor oil ℥j., laudanum gtt. xj., given in a little beer or ale, to disguise its taste. The same course was followed after our arrival at Harper's Ferry, and with complete success; for, out of a regiment of about 650 men, we lost but one in four months, and his death was due to continued and uncontrollable hæmorrhage from the mucous membranes of the nose and intestine.

The most interesting medical feature of our campaign was the sudden and complete change in the nature of the prevailing disease, which took place during the first week in September. Up to this time nine-tenths of the cases were diarrhœa and dysentery, but these disappeared, and in their place a fever of a mild type, attended with slight derangement of the liver, appeared, which yielded readily to a mercurial cathartic, followed by ten grain doses of quinine, the patient being usually reported for duty in three or four days. So sudden was the change, that in three days diarrhœa had entirely disappeared, and about an equal number of cases of the above description taken its place; and not only did the disease change, but a different set of individuals were affected; those who had suffered from the bowel complaints escaping the fever to a great extent.

At this time the waters of the Potomac and Shenandoah had fallen so low that in many places they could be crossed without wetting the knee, the greater portion of the beds of both rivers being perfectly dry, and the narrow streams of water which still streaked the almost dry watercourses were of a dark green color, showing that they were fairly laden with vegetable matter, the decomposition of which produced the malaria with which the air was contaminated.

Each day the virulence of the fever increased, and the patients became less and less amenable to treatment, so that those who were attacked at the time the Post was invested by the southern army did not, for the greater part, recover in less than three weeks or a month, and in some the attack has not come on until a month after our return to New York, and has usually lasted for about three weeks, no matter whether the patient is made deaf with quinine or not medicated at all. It does not show any marked remission, and probably presents the results of the action of a mixture of animal and vegetable poisons on the system, both of which must exist in spite of all caution in a camp in the fall season in a southern climate.

To the casual observer Harper's Ferry would seem to be a very healthy position, but the inhabitants informed us that last fall General Johnson was compelled to evacuate it, more than fifty per cent. of his force being disabled by this fever, and in the case of our own regiment, fifty per cent is an under estimate of those who have suffered, while the 22d, which left Harper's Ferry about the 1st of September, has almost entirely escaped, as far as I can find.

The curious fact that those who suffered from diarrhœa during July and August, escaped the fever to a great extent in September, has, without doubt, been noticed by such as have had the opportunity of observing, and the careful examination of such observations might lead to important therapeutical results.

The Congress of Sciences was held at Sienna last month, Professor Puccinotti being President. Two hundred and twenty-six members attended. Amongst other questions, we are told that Dr. Finizio brought up the old one of obstetrical abortion; and that (after the example of MM. Stoltz and Villeneuve in France) the entire section of surgery, Professor Vannoni at its head, legists, and philosophers, openly declared in favor of the Cæsarean section! We need not be surprised, says *L'Union Médicale*; "Sienna is very nigh to Rome." Next year the Congress meets in Rome, under the presidency of Mamiani.—*Brit. Med. Jour.*

THE USE OF COMPRESSED SPONGE IN THE PREVENTION OF LACTEAL SECRETION.

By P. STEWART, M.D.,

OF PEEKSKILL, N. Y.

Some three years ago I reported in the *New York Journal of Medicine* an interesting case of suppression of the lacteal secretion, in the breast of a lady recently confined by means of compressed sponge and bandage. The idea was a novel one to me, never having tried it before, nor seen anything published on the subject.

Since the report of the above mentioned case, I have several times had occasion to adopt the same practice, and uniformly with the same happy result. If others have used the method it has failed to come to my knowledge, and as the remedy is easily applied, and the results in my hands, at least, uniformly successful, it may be of some little service to the "weaker yet better half" of our humanity, to call the attention of the profession once more very briefly to the subject. Every practitioner meets with cases of inflammation of the mammary gland, resulting in suppuration, caused by inability to get the milk from it when first secreted after confinement, and the patient once having endured it, looks forward with tenfold more horror often to the sufferings of a "broken breast," than she does to the pangs of childbirth. Persons have fallen under my observation, both from the cities of New York and Philadelphia, who had in previous confinements been under the care of eminent practitioners in those cities, but yet had endured, as they said, untold sufferings from this cause. When submitted to the treatment under consideration, no pain or suffering of any kind was experienced. Nothing can be more complete and satisfactory, than the result of this practice has been in the several cases in which I have tried it. All other modes of treatment, such as warm fomentations, cold water compresses, belladonna plaster and wash, and various other things, have failed of the desired effect in a majority of cases, but this one never.

The details are simply these:—A flat soft sponge, carefully freed from all foreign substances, large enough to cover the entire breast, with a small hole or depression cut out in the centre for the nipple, is subjected to a pressure of a few pounds for a couple of days, and then applied over the breast; a compress is laid over this, and the whole secured by a bandage passed over the shoulders, and around the waist, so as to produce equal and uniform pressure over the entire surface. The bandage should be tightened sufficiently often to maintain a constant pressure for twelve or fourteen days. The best time to begin the treatment is within twelve hours after the birth, when the sponge is best applied dry, but if it is delayed from any cause until the breast becomes tender, and the milk begins to be secreted, my custom is to dip it in warm vinegar once or twice a day.

The efficacy of this treatment in inflammation of the breast, as well as in other parts, has been attested by others, but in no case can its effect be more happy than in preventing the lacteal secretion.

SINGULAR AND SEVERE CASE OF CHOLERA MORBUS.

By EDMUND S. F. ARNOLD, M.D., M.R.C.S.,

OF YONKERS.

I was called about 9 A.M. on the 2d of November, to see a son of Judge B——, aged 15, a delicate but large and overgrown lad, of nervous temperament, under the following circumstances. On the previous day he had walked hurriedly to the cars (more than a mile and a quarter), had been much frightened in getting on to the same, they being already in motion, had gone all day in the city without food, and in the evening had partaken hastily of a hearty meal of sausage meat. I was further informed that he was in the habit of bolting his food. He went to bed feeling as well as usual. Between four and five A.M., he awoke, complaining of severe chilliness, and shortly after of great pain in his bowels. Considering it to be an ordinary attack of colic, his father administered warm stimuli, applied mustard poultices, etc., without relief. Great coldness of the surface of the body was noticed from the commencement, and as this continued, the parents became seriously alarmed, and I was sent for as above. His symptoms were as follow:—Body and extremities cold and bathed in icy perspiration, breath cold, respirations between forty and forty-five per minute, no pulse perceptible at the wrist, continuous severe pain in the umbilical region, considerable nausea, great thirst and restlessness, countenance pinched, with blueness around the mouth at intervals; his mind remained clear, his voice was somewhat husky, and he was entirely free from cramps; otherwise he was in a state of collapse, closely resembling malignant cholera. I remained with him, administered camphor, camphor with chloroform, hot brandy and water, ammonia, etc., applied hot bottles in profusion around him and to his feet, laid strong mustard paste, and hot hop, and Indian meal poultices on the bowels, rubbed the extremities with brandy and red pepper, and afterwards with hot dry flannels. He vomited two or three times, but threw off nothing but his drinks. The pain in the bowels soon subsided, but it was nearly one P.M. before reaction set in; warmth began then gradually to return, and a feeble pulse became perceptible, which, however, long after the general warmth was restored, remained wild, tumultuous, and irregular. By half past one the skin had pretty much regained its natural heat, and I now, as I believed the undigested food had much to do with the attack, administered ʒ vj. ol. ricini in brandy and water. He had had previous to this one slight movement of light clay-colored fæces preceded by a clot of blood. A little after two he had an attack of hæmorrhage from his bowels, to the extent I should judge of at least a pint and a half, flooding the bed, filling the room with a faint sickening odor, and completely prostrating him again, though he soon rallied under the frequent administration of small quantities of warm brandy and water. Ordered a mixture containing ac. sulph. ar.; to have for nourishment toast tea, barley-water, and chicken tea. 8 P.M. Had one discharge of blood, though much smaller, about an hour after the first; nothing since. Ordered morph. sulph., one-third gr., horâ somni.

Nov. 3. Slept well during the night; there is considerable heat of the skin, expression somewhat anxious, pulse 120, tongue coated with a white fur, much thirst and considerable nausea, bowels tender and slightly tympanitic, no movement, urine scanty, and complains of much difficulty in voiding it. Ordered a mixture of potass. nitr. cal. gr. iv., ol. ric. ʒ vj., post horas tres; hot Indian meal poultices to be applied to the bowels. Also gave him twenty drops ac. hydrocyan. in half a tumbler of water, to take a teaspoonful every half hour when the nausea was troublesome. 7 P.M. Nausea much relieved; has had three slight watery motions without any perceptible quantity of fœcal matter; no blood; otherwise symptoms much as in the morning. Left a Dover's powder in case diarrhœa should set in. Pulse 120 still. Nov. 4. Much as yesterday. Medicines and poultices to be continued, substituting hops for Indian meal. Nov. 5. Much improved; tongue still heavily coated, bowels softer though sore on pressure, dulness on percussion along the whole course of ascending colon, most so, however, towards its cœcal extremity; thirst less; pulse 94. To have one ounce ol. ric. and an injection of warm water and soap in four hours, if necessary. 7 P.M. Had three copious evacuations, of which I saw only the last; it was dark brown, and of the consistence of very thick pea soup; the previous ones I was informed were more solid; pulse 84; dulness has almost wholly disappeared. Nov. 6. Slept well; has been up a little this morning; tongue cleaning at sides; pulse 72; some soreness still of bowels on pressure. Ordered him to drink cold chamomile tea as a tonic; to have a little meat to-morrow. From this time he gained every day, and by the 9th was down stairs and convalescent.

In the above case various causes appear to have combined to induce congestion, which, from the presence of irritating and undigested food, was determined to the bowels. The hæmorrhage was regarded by me, after its first prostrating effects had been overcome, as a favorable symptom, as from the great and protracted collapse which preceded it, I should have otherwise dreaded a very severe and dangerous attack of inflammation.

YONKERS, Nov. 10, 1862.

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, June 25, 1862.

DR. T. C. FINNELL, PRESIDENT, IN THE CHAIR.

(Continued from page 319.)

SYPHILITIC DISEASE OF LARYNX.—LARYNGO-TRACHEOTOMY.—REMOVAL OF NECROSED CARTILAGES.—DEATH.—AUTOPSY.

DR. BRIDDON presented a specimen of necrosed cartilage with the following history:—On the 15th of September, 1861, I was consulted by Jules Francois Nazard, a Frenchman, who was suffering from chronic laryngeal disease. His previous history was as follows:—Though never very robust he had enjoyed tolerable good health until twelve years ago, when he contracted syphilis, which was followed by constitutional sequelæ; ten years ago he entered a hospital in Chicago for the treatment of sarcocele, and after a short residence in that institution the testicle was extirpated and he was discharged cured.

Present Condition.—Patient is forty-two years old, of medium stature and good bodily conformation; he has a cachectic worn look, but his body is not much emaciated; the integuments of his extremities and back are marked by the cicatrices of rupial eruptions; linear cicatrices in the inguinal folds indicate the site of glandular suppurations, and another exists in the scrotum of the right side, where incisions had been made for the removal of the diseased testicle; appetite good, tongue clean, large, and pale, pulse eighty-six. His principal suffering being dependent upon dyspnœa, associated with aphonia, my attention was mainly directed to the air passages. Digital examination discovered nothing abnormal about the epiglottis, its edges were sharp, and not rounded by œdema, the fauces were pale, and bore no traces of previous disease. Tracheal breathing was loud and rough, the chest was everywhere resonant, and I could detect no organic changes other than those existing within the cavity of the larynx.

His urine was normal in quantity and quality.

After this I saw the patient occasionally, and he improved considerably, following his occupation, that of a confectioner, with less inconvenience than formerly, and suffering much less frequently from paroxysms of dyspnœa. Nov. 13th I was called to visit the patient on account of an exacerbation of all his symptoms, which he attributed to cold; he was propped up with pillows, and could not breathe in the recumbent position; his appearance was one of extreme suffering from dyspnœa. Directing the use of some appropriate treatment; I informed him that in all probability it would be necessary to resort to the operation of tracheotomy.

On the following day he was somewhat relieved, but still continued to suffer much, and in his inspirations a flapping sound could be detected, which was probably caused by the partial detachment of some of the structures in the neighborhood of the laryngeal aperture.

15th, five A.M., was summoned in haste; the man was fast approaching a condition of asphyxia, his lips were livid, pupils dilated, surface bedewed with cold clammy perspiration, he sat in bed with his hands clenched over his knees, exercising in vain every effort to gain a breath of air; he could not speak, but his imploring look for relief at once determined my line of action. Having procured an assistant from the immediate vicinity, I proceeded to open the air tube. This was no easy matter, the man's neck was extremely short, and could not be lengthened by throwing the head back, he indicated that such a position would destroy him, and stoutly resisted any effort to alter the position in which he maintained it, with the chin approximated to the sternum; add to this embarrassment the fact that all his respiratory muscles were in convulsive action, and the difficulty will be appreciated. However, an opening was made in the crico-thyroid membrane, and carried downwards through the cartilage, a tube was introduced, which allowed the free admission of air, but it was several hours before the patient recovered from the effects of an insufficient supply of oxygen.

It is unnecessary to continue the minute details of the case; he steadily improved in condition, went to his work, and I only saw him at long intervals until the middle of May, 1862, when he again began to fail. He was greatly annoyed by the collection of masses of inspissated muco-pus and blood; these appeared to collect in the trachea and large bronchi, and were expectorated with great difficulty; I believe these wads were formed by the accumulation of the products of ulceration, which gravitating downwards from the larynx collected below, and were thrown off in the form of cylindrical moulds of the air passages. No means that I could devise prevented the formation of these obstructions; and exhausted by the dyspnœa occasioned by their presence, and by the violent and long continued efforts required for their expulsion, he became despairing and hopeless. At this time I also observed that fluids taken by the mouth passed through the larynx, traversing the external opening if taken at a time when the tube was removed from its position.

16th June.—Whilst exploring the cavity of the larynx through the external aperture, I detected the roughened surface of necrosed bone. Introducing a blunt-pointed curved bistoury, I divided the thyroid cartilage along the mesial line, and introducing the finger I was enabled to remove three pieces of necrosed cartilage, the largest mass, quadrangular in form, measuring three-quarters of an inch in its transverse diameter; it had evidently constituted the larger portion of the right wing of the cartilage; the other pieces were of smaller dimensions. Soon after the removal of these dead structures the patient expelled some hard wads and was considerably relieved; the respite was, however, only of brief duration, fresh accumulations formed, and the patient died exhausted on the 19th.

Autopsy made two hours after death.—Rigor mortis not yet developed, body still warm and much emaciated, opening in mesial line of the neck occupying the space between the pomum adami and lower border of cricoid cartilage, communicating with air tube. On dissecting the soft parts away from the larynx a cavity was opened, situate over the left wing of the thyroid cartilage; it contained a few drops of thin purulent fluid, and a disc of necrosed cartilage surrounded by an incomplete irregular ring of necrosed osseous structure; it did not communicate with the cavity of the larynx. The trachea, œsophagus, etc., were removed *en masse*. On slitting up the pharynx and examining the interior, the epiglottis was found to be normal, its sharp thin edges did not look as if they had been involved in any inflammatory process; the arytæno-epiglottidean folds were swollen by fibrinous œdema, the prominences formed by the cuneiform and arytænoid cartilages were absent, and examination with the finger did not detect their presence. On exposing the interior of the tube, a cavity was found occupying the perichondrium of the body of the cricoid cartilage, which contained necrotic and disintegrated osseous debris. The mucous membrane of the larynx was pale and roughened by the hypertrophy of its gland structure; the prominences of the chordæ vocales and depressions of the sacculi could not be recognised; at the base of the laryngeal surface of the epiglottis in the middle line was a small hook-like process of calcareous deposit.

On the left side of the interior was a cavity immediately above the cricoid cartilage, which contained a small mass of necrosed bone. On the right side was another opening, also communicating with a cavity occupying the position of the right wing of the thyroid, and from which the large mass of necrosed bone had been removed during life.

The details of this case are necessarily incomplete, inasmuch as the inspection of the body was made in the presence of friends of the deceased, and under the stipulation that only the neck was to be examined.

PYARTHROSIS FOLLOWING VARIOLA.

Dr. Briddon also presented a second specimen of pyarthrosis following variola:—

Mary Robinson, aged two years, native of New York, but of Irish parents, was brought to the N. Y. Dispensary, on the 4th March, 1862, and placed under my treatment for secondary suppurative deposits in both humero-cubital and in the right femoro-tibial articulations.

Father of child died with cardiac disease. Mother is healthy, has lost two children within the last month from variola; the subject of the present case was attacked with variolous fever on the 7th Feb., swelling of the joints commenced on the 18th.

Present Condition.—General appearance cachectic, skin pale and sparsely marked with cicatrices of distinct variolous eruption, tongue clean and moist, appetite fair and bowels regular, respiration normal. The outlines of both elbow-joints are effaced by a fusiform swelling, most prominent over the line of articulation; integument pale and marked by meandering blue veins; a circumscribed redness occupies a point over each external condyloid process, and at which point fluctuation can be readily detected; at other points there is no fluctuation, or it is marked by the thickness of the infiltrated coverings which convey an impression of elasticity to the finger. The ligaments of the joints are relaxed, admitting free lateral movements of apposed articular surfaces, but no crepitus is furnished by such movements, nor do they appear to produce the same amount of pain as in disorganization from other causes. The extremities lie almost helplessly alongside of the trunk and in the extended position.

The left knee exhibits less of the fusiform character, the leg is flexed upon the thigh, and the head of the tibia is displaced backwards upon the posterior aspect of the femoral condyles; this condition is rendered more apparent than real from the fact that the products of inflammation are making their way to the surface in front of the ligamentum patellæ.

This child has remained under my observation up to the present date (June 25th); its hygienic surroundings were very bad, but under the restorative influence of the best dietary that could be obtained, ferruginous and other tonics, its improvement has been steady and satisfactory, one elbow and the knee-joint were opened, the other elbow opened spontaneously; probes introduced through the openings, passed freely into the cavities of the articulations, coming everywhere in contact with bare bony surfaces.

The limbs were maintained in favorable positions by well fitting fenestrated splints which admitted the application of dressing without disturbance.

By the middle of May the openings communicating with the knee and left elbow-joints had closed, pretty free motion could be obtained by manipulation of the knee, but flexion beyond a right angle appeared to be arrested in the elbow by the contact of two bony surfaces.

This morning I introduced a probe into the fistulous aperture communicating with the right elbow, and detected a loose portion of bone. This was removed by slightly enlarging the orifice, and proved to be the external epicondyle.

Three years ago I saw a child under two years old suffering with purulent deposits in the large joints, following an attack of variola. Previous to the outbreak of the exanthema the child had been prostrated by a diarrhœa, attendant on the process of dentition, and it died exhausted after the spontaneous evacuation of several of the joints.

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FOREIGN CORRESPONDENCE.

LETTER XVIII.

By PROF. CHARLES A. LEE.

LYONS—ITS HOSPITALS AND SCHOOLS.

Martigny, the Valais, Switzerland,
August 31, 1862.

After completing my observations at Vichy, I came to this place, via Lyons and Geneva. My chief object in coming here was to investigate the subject of Cretinism and Goitre, which have been endemic in this region for centuries. Before noticing these, however, a few remarks on medical matters in Lyons will not be out of place. I first visited the School of Medicine and Pharmacy, at which a summer course of lectures is being delivered on chemistry, botany, pharmacy, and toxicology, also on clinical medicine. The School can hardly be said to maintain its former high reputation, although several able professors are connected with it. During the last winter session there were seventy-five medical students attending the regular courses, and twenty-five the pharmaceutical course. The building is old, dark, and gloomy, and not well adapted to the purposes of a medical college.

I next turned my attention to the hospitals. These are vast and well managed, doing great credit to this noble city. The great civil hospital, *Hôtel Dieu*, is the oldest hospital in France, having been founded in the 6th century, by Childebert, son of king Clovis. It contains twelve hundred beds, mostly free; there are 150 patients, who pay 25 cents per day, (1 fr. 25c.). There are nine surgeons and physicians, besides a large number of internes connected with it. The nursing is done by a society numbering 150 *hospital sisters*, so called, aided by a band of *hospital brothers*. The building fronts on the Quai du Rhone, and extends 1055 feet. It is crowned with a magnificent dome, built in 1737 but not completed till 1842. In one part of the building are rooms for a secondary school of medicine and pharmacy, which is here carried on. There is a smaller dome situated in the middle of four spacious wards, constructed of a Grecian cruciform shape, and under the centre of it is an actagonal altar, visible to all the patients in the wards. The front is ornamented with statues of Childebert and his wife Ultrogothe, also of the Rhone and Saone, the arms of the village, etc. This hospital appears to be admirably conducted, is clean and well ventilated.

The great *Military Hospital* of Lyons is situated on the Quai de la Charité, just above the Hôtel Dieu, and fronting, also, on the river. The old part of the building was not originally constructed for hospital purposes, and it was not till 1831 that it was opened as a military hospital. Since then it has been greatly enlarged, and is now one of the finest hospitals in France.

The *hospices* or alms-houses of Lyons, are also on a grand scale. *La Charité* is the principal. It extends a vast distance along the *Quai de la Charité*, and presents a grand and noble façade; under one of the porches, on a marble table, are engraved the names of its benefactors. This charity receives the aged of both sexes; indigent, and septuagenarians to the number of 400, of whom 160 are males, and 240 females; orphan children exposed, or foundlings; sick children under sixteen; and pregnant females. The kitchens, dormitories, refectories, etc., are on a grand scale, and very conveniently managed. Too much can hardly be said in praise of this whole establishment.

The *Hospice de l'Antiquaile* is also worthy of notice. It is situated on the hill of Fourvieres, on the foundation of an ancient palace of the prefects or governors of Gaul, and where several of the Roman emperors resided, as Germanicus, Claudius, and Caracalla. It was a monastery at first, but as all these houses were suppressed during the revolution, it was converted into an alms-house. During the last forty years it has been greatly enlarged. It now receives the insane of both sexes, abandoned females (filles perdues) who seek reformation, where they are occupied in various useful occupations; patients laboring under syphilitic affections, scald head, and itch. The inmates generally number about 1200. There is a fine chapel connected, as there generally is with all the hospitals and almshouses of France. The *Hospice du Perron* receives incurables, the indigent, the infirm, etc., containing 115 beds, and a few who pay 350 francs per annum. There are, also, the large establishments *Hospice des Vieillards* and *Hôpital de la Croix-Rousse*, which are chiefly for the aged, so that the laboring classes of Lyons and its vicinity can always look forward to a comfortable asylum in their old age, if reduced to poverty. There are nearly twenty other establishments for the maintenance and support of the sick and the aged in the city or its vicinity, besides those I have already named. And if the managers of our city and county poor-houses could see how similar institutions are conducted in France, they might receive some very useful lessons. I visited, also, many of the silk-weavers, and the manufacturers of lace, velvet, and fine shawls. These carry on their operations, at least most of them, in old, mossy stone buildings, constructed centuries ago; damp, dark, filthy, and poorly ventilated. Many of the weavers, etc., live in the same room where they work with their families, where they cook, sleep, and eat. These rooms were all horribly dirty. The operatives look squalid, filthy, ragged, and half famished. Their wages are scanty, and insufficient to furnish them and their families a comfortable support. There is a strange contrast between the elegance of the plain and figured silks and shawls, which they turn out from their looms, and their own mean, squalid appearance. It seems impossible that such splendid and magnificent fabrics could be the workmanship of such begrimed and haggard workmen. It is evident that the fair goddess Hygiene, has never yet entered these workshops, nor shed the slightest ray of knowledge upon their untutored minds. I know not the rate of mortality among this class of the population of Lyons, but it must necessarily be very large.

Lyons is situated rather low, lying between the Rhone and the Saone, near their conflux, and the streets being for the most part narrow, a high death rate must naturally be expected. Formerly, the streets and quays were very dirty; but in this respect, a great improvement has taken place within a few years; and the recent formation of the Rue Imperiale and the Rue de l'Emperatrice, through the centre of the city, has not only vastly improved its appearance, but contributed greatly to its healthfulness. These streets, which almost rival the finest in Paris, now connect with each other the two principal squares: the Place de Bellecom, one of the largest in Europe, and the Place des Terreaux, in which are the Hotel de Ville, a fine old building, a good museum of paintings and national history, and the theatre.

There is an admirably conducted Academy of Fine Arts in Lyons, and courses of lectures given on various collateral subjects for the benefit of the students. Thus, there is a course of comparative anatomy applied to the Fine Arts, and Prof. **Jordan**, who fills the chair, demonstrates the most important anatomical dispositions of the body, and in an especial manner makes known the organs which preside over the movements and expressions; and in order that these anatomical demonstrations may be most useful, he connects with them an explanation of the physiological phenomena connected therewith, and also the study of living models. Several lectures are devoted, in connexion with form and expression, to the principal *chef d'œuvres* of painting and sculpture. Considerable time is given to the anatomy of the domestic animals, and also to zoology in general, and the classification of animals. In the Imperial University lectures were being delivered on pure mathematics, applied mathematics, chemistry, physics, zoology, and mineralogy and geology. These chairs are all said to be very ably filled. I saw but few of the professional men of Lyons, except lawyers and Catholic priests; and I was strongly impressed, as in Paris, by the striking contrast in the features and expression of these two professions. The lawyers of France are the most intellectual-looking class of men I have ever seen. They have fine phrenological heads, and possessing, generally, a well developed nervous temperament and great intellectual activity, their countenances are lighted up by intelligence, and strongly marked expression of feeling and thought. On the contrary, the Catholic clergy are of the earth, earthy. They have a strong animal development and expression; their features do not indicate study, emotion, or mental activity; they seem stupid, inactive, low, merely vegitating on the surface of this earth, doubtless to answer some wise end in the grand rôle of Providence, but what is not so easy to determine. I do not say there are no exceptions to this statement. I know there are. I am acquainted with some intellectual members of the Catholic clergy, who would dignify and honor any profession or station; and in my recent excursions among the high Alps, I have been glad to see considerable numbers of the younger Catholic priests, showing as much bodily activity with their Alpin stock and pack, as any of the pedestrian tourists exhibited. And in all these cases, whether the effect of bodily exercise, I cannot say, but greater intelligence and expression marked their features than I have ever observed in any other individuals of the same class, and although not exactly within the scope or range of my subjects, I may here record an inscription which I read a few days ago in a little chapel by the roadside near Chamounix, placed over a statue of the Virgin—"The Bishop of this Diocese offers forty days plenary indulgence to every traveller who will pause before this chapel, and repeat the following prayer—"O blessed Virgin! Immaculate Mother of God, pray for me every day, to the last hour of my life." (I give the translation.)

The climate of Lyons does not present any great attractions to invalids, being cold in the fall and winter, and extremely rainy and foggy. In no other part of Europe, perhaps, does a larger quantity of rain fall, and a third of the whole falls in autumn; north winds predominate, next the south, and then the north-west. Over the greater part of France the south-west winds prevail, but these early blow along the course of the Rhone and the Saone. After the prevalence of south-easterly winds, these rivers are very apt to overflow their banks, by setting the waters back at their mouth, and this often gives rise to intermittent and remittent fevers. In no other part of France are storms more frequent. The nearness of the French Alps doubtless modifies the climate more or less, and has considerable influence on the direction of the winds. It is not till we get below Valence, out of the region of hills and mountains, that we meet with any marked change of climate.

It is not my purpose to describe national scenery, else I might dwell on the picturesqueness and beauty of the region between Lyons and Geneva. The latter place seems to me to possess many advantages for invalids during the summer, as well as all who seek an agreeable residence and a healthy climate. Not that the town has any great beauty in itself, but it is most pleasantly situated, and in one of the healthiest spots in the world, standing on elevated ground at the head of the lake; it is rich in historical recollections, in the excellence of its roads, the beauty of its promenades and environs, and the splendid scenery which surrounds it. It is cloven asunder by the bright, blue, flashing waters of the "Arrowy Rhone." The larger and ancient portion occupying the right beach and extending up the hill, while the modern portion extends along the borders of the lake. The climate of Geneva is, of course, more variable and colder than that of Paris. Much rain falls in the autumn, and fogs are not uncommon, especially in the evening. As a winter residence, a more southern locality would be preferable.

But I have forgotten the Cretins and the Goitre, about which I sat down to give some account. However, as my study of them is not yet finished, nothing will be lost by waiting. I hope to have some photographs taken of the finest specimens, in a naked state, both male and female: we shall then be able to judge whether *cretinism* consists in mere arrest of development, or whether it is an actual monstrosity.

American Medical Times.

SATURDAY, DECEMBER 13, 1862.

MEDICAL CHARITIES.

The medical profession is the only one, we believe, which habitually *donates* the time and services of its members to the public, in their charitable institutions. The services of all others are well paid for, even the chaplains of our hospitals and alms-houses receiving fair salaries for the time given and talents exerted. The teachers of our public schools, which are as manifestly institutions of charity as are the dispensaries and hospitals, receive liberal salaries, though employed only six hours a day, five days in the week, and eleven months in the year. Heretofore a slight exception to the general rule of gratuitous services being confined to the medical profession, obtained in the practice of the criminal courts. When a prisoner about being tried for his offence was found by the court so poor as to be unable to obtain counsel for his defence, some member of the bar has been requested to act as his adviser, and that duty has been generally, perhaps uniformly, discharged gratuitously. But even this *morceau* of benevolence appears to have lost whatever of professional claim it had, as within a few days we have been informed by the public press, that for legal services thus rendered at the request of the courts, two lawyers have sent in bills, one for over 1000 dollars, and the other for more than 300 dollars. Whether they have been or will be paid, we are not informed; but we are unable to see on what grounds payment can be refused, unless there was a special understanding to that effect.

The medical profession, as such, therefore stands alone in liberality to the poor and destitute. Not only in its services to the inmates of our eleemosynary institutions does this marked feature stand prominently forth, but its private charities, also, far outnumber and outweigh all others. The extraordinary amount of these gratuitous services is almost beyond calculation, and it would be difficult to estimate them, so varied and ramified are they. They embrace every department of medical and surgical practice. We have hospitals, infirmaries, dispensaries, and other medical charities, so called, in which every variety of disease is received and treated, and, with very rare exceptions, without any cost whatever to the public for the professional aid. A few years ago, in a paper read before the Academy of Medicine by Dr. Griscom, the aggregate annual amount *contributed by the medical profession of the city of New York to the support of public charities* was estimated at *one million of dollars.* This estimate would now be nearly or quite doubled, as the increase of institutions of medical charity has exceeded the increase of population. We call this a contribution, or tax, for the support of public charity, for the plain reason that if the members of our profession should at any time unanimously determine to put themselves on the same footing, in this respect, as all others, the inevitable necessity would be thrown upon the public and the Government of *employing* the requisite medical and surgical assistance, at whatever expense. The amount now given by the profession gratuitously would then have to be added to the taxes upon the community; in other words, the expense would be drawn from the pockets of the whole instead of from the brains and muscle of the few. The reply to such a suggestion would probably be: "You receive in return the great benefits of the *experience* which so large a field of practice must render highly valuable." The natural rejoinder to this is: "The same experience would be had *with* pecuniary remuneration as *without.*"

It is not our intention to suggest to our professional brethren the adoption of any change in their practice in this respect; but we do desire to call attention to one feature in the management of some of our medical charitable institutions, which seems to us to partake of the character of an imposition upon the liberality and good-will of the profession. It is the practice of these institutions to receive *others than paupers*, and often to a very large extent, who are required to be prescribed for by the professional attendants in the same manner, and on the same terms, as the paupers. In one institution in this city, as its annual reports show, more than two-thirds of its beds are occupied by patients capable of paying, and who do pay, good prices. Several instances of men of wealth have been known as patients in that institution, in preference to remaining at boarding-houses or hotels; and there they receive all the requisite professional skill, good nursing and diet, for a mere fraction of the cost they would otherwise be subject to, and are fully competent to meet. As every such patient, in private, would engage the services of some physician, it follows that by going to the hospital, the fees are lost to the profession. But a worse fact than this is still to be mentioned. Between this same institution, as well as others, and the general government, a contract exists, by which the latter may fill its wards with sick seamen to a certain extent, for whose maintenance the government agrees to pay a certain amount, in which amount it is willing to include a reasonable sum for medicine and *medical attendance*, but which the managers of the hospital decline to receive for these purposes specifically. Consequently the medical attendance is rendered gratuitously, to the manifest and direct detriment of professional incomes. It is known that there is a large fund in the U. S. Treasury, from which these expenses are paid; and we repeat, that the government is willing to pay for the professional services; but the hospital, for some unexplained reason, chooses not to permit it. It is true, that the contract price paid by the government for the use of the hospital, for these seamen, is but just enough to cover the cost of their board, etc. Yet, being willing to pay a specific sum for the medical services rendered, it appears strange that it is not accepted.

More marked still is the arrangement made with the Government for the care and support of the sick and wounded soldiers, who now occupy so large a share of the time and attention of the medical and surgical staff. The sum paid for them is much above the cost of their maintenance, and the hospital is consequently making money by them, especially as a considerable amount of their food is supplied by patriotic outsiders, but no offer, that we have heard of, has been made to divide the profits with the professional attendants.

In view of these facts an ethical question arises in our minds, which is this, *Is the medical staff of a hospital justifiable in rendering gratuitous services in such an institution, any more than out of it, to patients able and willing to pay for them?* By so doing the income of the profession is diminished, and the more we yield to the practice the more is it likely to increase.

It is certainly not in accordance with that portion of the National Code of Ethics which refers to the "duties of the Public to the Profession," that such practices should continue; and it behoves our profession, stinted, and deprived of many privileges as it is, required even to pay a tax for the privilege of doing its charitable work, to look to the facts above mentioned. The saying of Boerhaave, "the poor are my best patients, for God is their paymaster," strikes a sympathetic chord in the breast of every honorable physician, but it does not follow that all is charity that passes by the name, even when found in public institutions.

THE WEEK.

The *Society for the Relief of Widows and Orphans of Medical Men*, held its Annual Meeting on the 27th of November, and elected the following officers:—For *President*, **Dr. Geo P. Camman**; for *Vice-Presidents*, Dr. Jacob Harsen, Dr. H. D. Bulkley, Dr. Wm. Detmold; *Treasurer*, Dr. Beadle; *Secretary*, Dr. J. W. G. Clements. *Managers:* Drs. James Anderson, Edward Delafield, Alfred C. Post, S. T. Hubbard, J. J. Crane, Oliver White, Isaac Wood, Elisha Harris, James R. Wood, Isaac E. Taylor, J. R. Van Kleek, John O. Stone, Jared Linsley, S. C. Foster, Joel Foster, John G. Adams, Edward L. Beadle, Abram Dubois, Wm. Rockwell, and S. P. White.

The following is the Secretary's Annual Statement for the present year:—All the funds of the Society, as shown by the last Annual Report, in Sept., 1862, were invested; they amounted to $33,913 60, bearing interest at seven per cent., leaving a balance due the Treasurer of $5 69. The receipts for the year ending September, 1862, were $2,858 67, derived from the following sources:—Interest, $2,250 23; Dues—Life Members and Benefactors, $510; Donation, $98 44; Total, $2,858 67. Disbursed for the same period, $719 72. The Members of the Society now number one hundred and seven, of whom seventy-three are for life, and thirty-four Annual Subscribers; besides, the Benefactors number twenty-six, of whom four are laymen. The Society extends its aid to the families of five of its deceased Members. Annual Members pay an initiation fee of $10, and $10 dues, in semi-annual payments; or $100 paid at one time constitutes a Member for life.

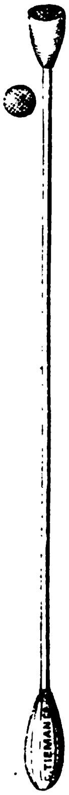
Literally, and also in a higher sense and nobler significance, has this Society, by its wise and loving forethought for the widow and the orphan of deceased brethren, provided a golden chain that happily draws the members of the Society into most fraternal sympathy and kindliness, binding each other in bonds of mutual interest and concern for their personal and professional welfare.

With the incoming Administration in this State a Surgeon General is to be appointed in place of the present incumbent, **Dr. S. Oakley Vanderpoel**. The importance of that appointment can scarcely be over-estimated. The number of surgeons in the Army from this State is now six hundred. The selection of new surgeons, their proper assignment to duty, and their promotion, rests entirely with this officer. The duties of that office have been performed by **Dr. Vanderpoel** in a manner most creditable to the profession. We hope his successor will be as free from partisan influence.

Correspondence.

PROBE FOR DISCOVERING BULLETS IMBEDDED IN BONE.

[To the Editor of the American Medical Times.]



Sir:—In cases where bullets are lodged in contact with, or partly imbedded in bone, it is desirable and often difficult to determine whether the end of the probe, when introduced into the track of a wound, is actually impinging on a ball or a bone. My friend, Dr. **Kress**, of Hosp. No. 1, Evansville, has devised a probe which gives us at once the means of diagnosis. It is made of a common probe, or a knitting-needle, on the end of which is soldered, or otherwise fastened, a piece of hard iron or steel, flat at the end, and made rough with lines crossing each other at right angles, like some kind of files. By means of this ingenious instrument, by simply causing it to revolve on its axis, a little bone or lead, as the case may be, is melted off, and adheres, and may be examined. As is the case with the deep sea line, and the floor of the ocean, we thus draw up from the bottom of the wound a portion of bone or lead, which at once determines the state of the case. The sounds produced by striking lead and bone bathed in pus are not unlike, and the "feel" is often fallacious. I think this little instrument deserves a place in the pocket-case of every army surgeon.

Yours, etc.,

H. R. Wirtz, M.D.,

Med. Director, Army of Miss.

WHITNEY'S CATHETER AS AN EXPLORER FOR BULLETS.

[To the Editor of the American Medical Times.]

Sir:—I wish to call the attention of the profession to a contrivance which may be of great use at the present time. It is a flexible bullet probe, exceeding in value, I think, any heretofore employed. It is simply a "Whitney's Catheter," which was contrived by its inventor years ago, for the purpose of drawing off his urine, which was obstructed by an enlarged prostate gland. While doing duty at Fortress Monroe last summer, Dr. Alexander H. Stevens, of New York, always fertile in useful suggestions, remarked to me that this instrument might be usefully employed in exploring the tortuous track of a bullet. On my return to New York I had one made, and soon after had occasion to use it in the case of Captain D., then at West Point, in consultation with Dr. Head and other army surgeons. We did not succeed in finding the bullet, nor was the operation undertaken with that expectation; but the superiority of the instrument over the ordinary probes was clearly demonstrated. The instrument, being slightly curved at its extremity, and, at the same time, very flexible, searches out the changes of direction in the track of the bullet, by rotating the end between the fingers.*

Yours, etc.,
Frederic D. Lente, M.D.

Cold Spring, Nov. 24, 1862.

METHOD OF SUPPLYING ARMY SURGEONS.

[To the Editor of the American Medical Times.]

Sir:—I noticed in your issue of this week a notice of a letter from several surgeons of Boston, addressed to the Surgeon General, in regard to the incompetency of many of the army surgeons. Now when we take into consideration the number of surgeons in the field, and the manner in which they have been appointed, it is not wonderful that such should be the case. As a general thing the older surgeons have been broken down political hacks, who had no business at home, and therefore could carry with them no practical experience into the army. Then, again, a great proportion of the surgeons are young men. Many of this class are talented and well educated, theoretically, and, under the guidance of men of more mature years, will come to be ornaments to their profession. These young men, I know, would gladly avail themselves of the practical experience of older men. There is also a class of ignorant men, who gained their appointments by political influence, which neither time nor circumstances can alter for the better: they are not capable of improving by experience.

The remedy suggested by the Bostonians is just the thing wanted, as I am satisfied by actual inspection of a number of hospitals. I have just returned from a visit to the hospitals at Frederick, where I spent three days in visiting the principal hospitals, and in social converse with the gentlemanly surgeons there congregated, and I am happy to say that I never spent three days more pleasantly. The hospital arrangements, so far as circumstances will permit, are excellent. They are generally well ventilated, admirably arranged, and perfectly neat and orderly in every respect. I was most happy to see that our brave soldiers were so well cared for and so kindly treated, also that the same kindness was extended to the Confederate soldiers who were so fortunate as to fall into our hands. In this respect no distinction was made: friend and foe, side by side, equally well cared for. The surgeons there in charge impressed me most favorably, as able and judicious. Among the most able and experienced were Drs. Hewitt and Lewis, of Connecticut, and Dr. Mosely, then Medical Inspector for New York. Dr. Hewitt is an able man, gentlemanly in his deportment, and a ripe scholar. The same can be said of the other gentleman named, with many others there located.

But still I felt that there was need of more men of age and experience, to do those very things pointed out by the Boston surgeons, with the exception that they should not be allowed to decide upon or designate the one to perform the operations. Such an arrangement, I am satisfied, would operate injuriously, as it would lead to favoritism, and would go far to discourage and dissatisfy the younger surgeons who go there for experience. Almost any one can amputate a limb, and, with a little advice, can do it well. Older men are required rather as consultants, and to give advice in regard to the medical treatment of the sick and wounded. The Surgeon-General in reply says: Very few first class surgeons have come forward, and Lee appears to be rather surprised that they have not. The reason, in my opinion, is plain. Men of age and experience are generally physically incapable of following a regiment and enduring the hardships of camp life; besides, they are generally in the enjoyment of a good practice, which they do not feel disposed to leave without a corresponding compensation. Then, again, this class of men have been long from the schools, and in regard to minute anatomy have forgotten much; but on the cadaver they will show you at once that they are at home in anatomy, so far as necessary for usefulness. These men do not like to go before a board of examiners, who have only good memories, and submit to an examination in minutiæ which are of no practical importance, and which have escaped them. These men are well known to the profession by their contributions to the medical and surgical literature of the day, and are personally known to many of our ablest surgeons and professors. There are many such men of acknowledged ability as surgeons, who would be willing to serve their country if they could be appointed by giving the best of references, or certicates of qualification, who will never enter the service if they have to go through the red-tape process. In regular service where young men alone are permitted to enter, this course would not do, but in the volunteer service great efficiency could be given to the medical corps in this way. A committee of men of wide world talent from each State, could designate such men as they thought suitable.

Yours, etc.,
E. P. Bennett, M.D.

Danbury, Conn., Nov. 22, 1862.

Army Medical Intelligence.

DISTRICT OF SOUTH WESTERN MISSOURI.

Headquarters, Army of the Frontier,
Elkhorn, October 26, 1862.

Surgeon S. H. Melcher is hereby appointed Medical Director of the District of South Western Missouri, and of the Army of the Frontier.

For the present Surgeon Melcher will remain at Springfield, and organize his Department in accordance with instructions from the Medical Director of the Department of the Missouri.

Surgeon F. G. Porter will continue to act as Medical Director of the Army in the Field under the orders of Surgeon Melcher.

Surgeon R. H. Paddock will remain in charge of the General Hospital in Springfield until further orders.

By order of Brig. Gen. Schofield.
Charles S. Sheldon, *Major & A. A. G.*

CIRCULAR.

Medical Director's Office,
Springfield, Mo., Oct 30, 1862.

In accordance with the above order the medical officers with the "Army of the Frontier" will report to Surgeon F. G. Porter, all others in South Western Mo. will report directly to this office.

Requisitions for medical supplies and hospital stores will be filled by Purveyor at this Post.

The attention of all medical officers is called to the following extract from the Surgeon-General's Circular, No. 10.

"The want of printed blanks is no valid excuse for not making the Requisition, Returns, and Reports required by the Regulations; when there are no printed blanks, the style, classification, order, and nomenclature of the Supply Table and of the prescribed forms will be observed.

"Many medical officers, both regular and volunteer, have partially disregarded previous circulars issued from this office. These circulars are explanatory orders, and in the future, officers neglecting to comply with their directions will be proceeded against for disobedience of orders."

All medical officers with the Army of the Frontier, or Army of South Western Mo., will without delay report their Regiment or Battalion, and their present post of duty, the number of patients now requiring attention, the conveniences, condition, and quantity of supplies, instruments, etc., with date of commission, or, if a contract physician, the date of contract, and by whom made.

S. H Melcher, *Medical Director.*

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* The probe may be had at Tiemann's, or at Otto & Reynder's, in Chatham street.

AIR SPACE IN HOSPITALS.

Surgeon-General's Office,
Washington, November 24, 1862.

The Surgeon-General directs that the minimum allowance of cubic feet of space for patients in tents and military hospitals shall be as follows:

1st. In all rooms ventilated by windows at the end or one side only, 1200 cubic feet per man.

2d. In all hospitals constructed after plans approved by the Surgeon-General (pavilions with ridge ventilation), 600 cubic feet per man.

3d. In all other buildings occupied as General Hospitals, 800 cubic feet per man.

The maximum number of patients allowed in a hospital tent shall be five in winter and eight in summer.

By order of the Surgeon-General.
Joseph R. Smith,
Surgeon U.S.A.

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INDIAN REMEDY IN SMALL-POX.

Eruptive Fever General Hospital,
Kalorama, Washington, D.C., November 26, 1862.

Surgeon-General W. A. Hammond,
Washington, D.C.

Sir:—Acting in accordance with instructions received from the Surgeon-General's Office to test the efficacy of "Lane's Indian Remedy for Small-pox," and report thereon, I have the honor to state that I have used the box of "remedy" in the treatment of cases of small-pox in this hospital, and in no case, used either as a gargle, eye-wash, or internal remedy, have I been able to detect any effect, produced upon the patient or the disease, except that in one case the patient, after taking it several days in succession, complained of its producing nausea. In every other case I have found it inert, and as useless as I should expect a decoction of sawdust to be, administered in similar cases.

Very respectfully,
Your obt. servt.,
R. J. Thomas,
Act. Assist. Surgeon U.S.A., in charge.

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APPOINTMENTS.

The following named gentlemen having been approved by the Army Medical Board at Philadelphia, have been appointed Assistant Surgeons in the Medical Staff of the U. S. Army, to date from November 22, 1862:—

Dr. Charles C. Lee, of Pennsylvania; Dr. Samuel H. Orton, of New Jersey; Dr. John W. Brewer, of Maryland; Dr. John Homans, of Massachusetts; Dr. John Brooke, of Pennsylvania; Dr. Wm. H. Gardner, of District of Columbia; Dr. James Phillips, of Maryland.

The following assignments have been made of Medical Officers:—

Assist. Surgeon S. M. Horton, U.S.A, now on duty in General Hospital, Columbus, Ky., will relieve Surgeon Charles Sutherland, U.S.A., in his duties as Medical Purveyor, at Columbus, Ky. The latter, on being relieved, will report for duty to Surgeon H. R. Wirtz, Medical Director Department of the Tennessee.

Assist. Surgeon H. S. Schell, U.S.A., is hereby relieved from duty with the Army of the Potomac, and will report for duty to the Medical Director at Washington, D.C.

Surgeons W. H. Breed, John J. Reese, and A. C. Bournonville, U. S. Vols., and Assist. Surgeons Robert R. Taylor, Lewis D. Harlow, and Caleb W. Horner, U. S. Vols., will report for duty to the Medical Director at Philadelphia, Pa.

Surgeons Howard Culbertson and James C. Whitehill, U. S. Vols., and Assist. Surgeons E. D. Kittoe, H. M. Crawford, and William Watson, U. S. Vols., will report for duty to the Assist. Surgeon-General at St. Louis, Mo.

Surgeon T. P. Gibbons, and Assist. Surgeons A. T. Woodward, Edwin Freeman, and Mitchell H. Picot, U. S. Vols, will report for duty to the Medical Director of the Army of the Potomac.

Surgeon A. B. Mott, U. S. Vols., will report for duty to the Medical Director at New York.

Surgeon John O. Bronson, U. S. Vols., now on duty in Washington, D.C., will report for duty to the Medical Director at San Francisco, Cal.

Surgeon F. S. Ainsworth, U. S. Vols., will report for duty to Major General Foster, commanding Department of North Carolina.

Surgeon Francis Salter, U. S. Vols., will report to Brig. Gen. Cox, for duty with the troops under his command.

Surgeon P. A. Jewett, U. S. Vols., will report to the Medical Director at Boston, Mass., for duty at New Haven, Conn.

Surgeon David Stanton, U. S. Vols., will report to Maj. Gen. Wright, commanding Department of the Ohio, for duty at Camp Chase, Columbus, Ohio, to relieve Assist. Surgeon J. H. Bailey, U.S.A. The latter, on being relieved, will report for duty to the Commanding Officer of Alleghany Arsenal, Pittsburg, Pa.

Assist. Surgeons Edward S. Whitney and W. S. Edgar, U. S. Vols., will report to Brig. Gen. J. H. Carleton, U. S. Vols., for duty in the Department of New Mexico.

Assist. Surgeon Charles E. Swasey, U. S. Vols., will report for duty to the Medical Director at Washington, D. C.

Assist. Surgeon Louis W. Reed, U. S. Vols., will report to Maj. Gen. Slocum, for duty with his command.

Assist. Surgeon G. M. Sternberg, U.S.A., now on duty in General Hospital at Portsmouth Grove, R. I., will report to Maj. Gen. Banks, at New York city, for duty with his command.

Surgeon F. M. Heister, U. S. Vols., is relieved from duty with the Army of the Potomac, and will report in person to Surgeon L. H. Holden, Medical Director Department of the Ohio, and by letter to Assist. Surgeon-General R. C. Wood, for duty in the Department of the Ohio.

Surgeon J. V. Z. Blaney, U. S. Vols., has arrived at Norfolk, Va., and entered upon his duties as Medical Director of Gen. Vielé's command.

Surgeon F. Seymour, U. S. Vols., is on duty in charge of General Hospitals Nos. 12 and 16, Nashville, Tenn.

Surgeon W. Dickinson, U. S. Vols., has been assigned to duty with Gen. Warren's Brigade, at Hartville, Mo.

Surgeons J. H. Baucher and A. B. Campbell, U. S. Vols., have been assigned to duty as Medical Directors of the Right and Left Wings (respectively) of the Army of the Tennessee.

Surgeon C. A. Cowgill, U.S.A., has arrived at Newbern, N. C., and relieved Surgeon Derby, in charge of the Academy Hospital.

Surgeon W. M. Breed, U. S. Vols., has been assigned to the charge of the General Hospital, corner of 16th and Filbert streets, Philadelphia, Pa.

Surgeon W. W. Nassan, U. S. Vols., now on duty in St. Louis, Mo., has been ordered to rejoin his station in New Mexico.

Surgeon E. McDonnell, U. S. Vols., is in Washington, from Sharpsburg with the sick of the 5th Corps, and under orders to report to the Surgeon-General.

Drs. G. W. Hogeboom and Louis W. Reed have declined appointment as Assist. Surgeon of Volunteers.

Surgeon J. R. McClurg, U. S. Vols., has been placed on duty at Jefferson Barracks, Mo.

Surgeon H. Wardner, U.S.A., has been assigned to the charge of the General Hospital at Mound City, Ill.

Assist. Surgeons Goldsborough, 5th Maryland Vols., and King, 4th Pennsylvania Cavalry, now on duty at Frederick and Philadelphia respectively, have been ordered to rejoin their regiments without delay.

Surgeon P. Pineo, U. S. Vols., has relieved Assist. Surgeon Warren Webster, U.S.A., in charge of the Douglas

Hospital at Washington, D.C. DR. WEBSTER reports for duty at the Headquarters Army of the Potomac.

Surgeon R. A. CHRISTIAN, U.S.V., is temporarily on duty at San Francisco, California, as Medical Director Depart. of the Pacific, during the absence of Surgeon P. G. S. TEN BROECK, U.S.A.

Surgeon S. R. HAVEN, U.S.A., is on duty with 3d Division, 6th Army Corps.

The orders directing Surgeon T. P. GIBBONS, U.S.V., to report at Headquarters Army of the Potomac, have been suspended while he is attending to General SCHENCK.

Surgeon J. B. PEALE, U.S.V., is on duty as Surgeon-in-Chief, 1st Division, Sigel's Army Corps.

Surgeon J. G. KEENON, U.S.V., to duty as Medical Director, 3d Division, District of Memphis.

Surgeon BASIL NORRIS, U.S.A., to report at the Headquarters, Army of the Potomac, for duty as Medical Director of the Grand Division commanded by Major General FRANKLIN.

Assist. Surgeon CHARLES C. LEE, U. S. Army, to report for duty at the Headquarters Army of the Potomac.

Assist. Surgeon SAMUEL H. ORTON, U.S.A., to report for duty at the Headquarters Department of the Gulf.

Assist Surgeon JOHN H. BREWER, U.S.A., to report for duty to the Assist. Surgeon General at St. Louis, Mo.

Assist. Surgeon JOHN HOMANS, U.S.A., to report for duty at the Headquarters of Major General BANKS.

Assist Surgeon JOHN BROOK, U.S.A., to report for duty to the General Commanding Department of New Mexico, to relieve Assist. Surgeon JAMES T. GHISELIN, U.S.A.

Assist. Surgeon JAMES PHILLIPS, U.S.A., to report at Headquarters Army of the Potomac.

Medical Storekeeper, HENRY N. RITTENHOUSE, U.S.A., now on duty at Frederick, Md., to duty as Acting Medical Purveyor to relieve Surgeon GLOVER PERIN, U.S.A., at Cincinnati, the latter to relieve Surgeon MURRAY, U.S.A, in his duties as Medical Director Department of the Cumberland.

Assist. Surgeon H. RIDGELY, U.S.A., now on duty in Washington, to relieve Assist. Surgeon J. C. McKEE as Medical Purveyor at Frederick, Md. The latter, on being relieved, to report in person to the Medical Director, Army of the Potomac.

Surgeon T. G. CATLIN, U. S. Vols., is on leave of absence at Brooklyn, N. Y.

Surgeon A. J. PHELPS, U. S. Vols., is on duty as Medical Director, Left Wing, 14th Army Corps.

The following named officers have been assigned to duty as follows in Philadelphia:—

Assist. Surgeon C. W. HORNOR, U. S. Vols., to General Hospital, Wood Street.

Surgeon W. M. BREED, U. S. Vols., to General Hospital, 16th and Filbert Streets.

Assist. Surgeon R. R. TAYLOR, U. S. Vols., General Hospital, Hestonville.

Assist. Surgeon LEWIS D. HARLOW, U. S. Vols., General Hospital, 4th and George Streets.

Surgeon A. C. BOURNONVILLE, U. S. Vols., General Hospital, 5th and Buttonwood Streets.

Surgeon J. J. REESE, U. S. Vols., General Hospital, Christian Street.

Surgeon W. S. FORBES, U. S. Vols., has been detailed to relieve Assist. Surgeon C. R. GREENLEAF, U.S.A., in attendance on sick and wounded officers, at Philadelphia, Pa.

Surgeon JAS. D. STRAWBRIDGE, U. S. Vols., has relieved Assist. Surgeon S. M. HORTON, U.S.A., in charge of the Floating Hospital at Columbus, Ky.

Surgeon J. R. McCLURG, U. S Vols., has been assigned to the Charge of the General Hospital at Cleveland, Ohio.

At the request of Brig. Gen. F. P. BLAIN, U. S. Vols., Surgeon E. C. FRANKLIN, U. S. Vols., has been assigned to duty as Medical Director of his command.

Surgeon W. C. OTTERSON, U. S Vols., has been assigned to duty with Gen. DAVIDSON.

Assist. Surgeon C. E. GODDARD, U.S.A., has been placed on duty in the Douglas Hospital, Washington, D.C.

Leave of absence for twenty days has been granted to Assist. Surgeon T. O. WALLACE, 93d N. Y. Vols.

Surgeon ROBERT MURRAY, U.S.A., has been relieved from duty as Medical Director, Department of the Cumberland, and will proceed to Philadelphia, Pa., and relieve Surgeon GEO. E. COOPER, U.S.A., in his duties as Medical Purveyor.

Leave of absence of thirty days has been granted to Acting Assist. Surgeon H. W. DUCACHET, U.S.A.

Assist. Surgeon A. WOODHULL, U.S.A., has relieved Assist. Surgeon S. M. EASTMAN, U.S.A., in charge of the General Hospital, Stewart's Mansion, Baltimore.

The following named officers have been honorably discharged the service of the United States:—

Assist. Surgeon DOUGLAS E. LONDON, 104th New York Vols., from July 31st, 1862.

Assist. Surgeon A. H. WHITFORD, 99th New York Vols., from October 10, 1862.

Assist. Surgeon DWIGHT RUGGLES, 12th Virginia Vols., from November 22, 1862.

Surgeon J. B. GREELY, 1st Rhode Island Cavalry, from August 31, 1862.

Surgeon ALBERT A. MOULTON, 3d New Hampshire Vols., from November 15, 1862.

DR. W. O. BALDWIN has been appointed Assist. Surgeon in the 2d District of Columbia Vols., vice E. G. LANE, resigned, November 24, 1862.

Assist. Surgeon CHARLES H. RODGERS, 11th Connecticut Vols., now on duty at Hatteras Inlet, has been ordered to join his regiment immediately.

Assist. Surgeon G. W. HOOVER, 132d Penn. Vols., to report in person to the Medical Director, Washington, D.C.

The following officers are, by direction of the President, dismissed from the service of the United States, with loss of all pay and allowances due them.

Assist. Surgeon STRATHAN, 133d Penn. Vols., for incompetency, October 3, 1862.

Assist. Surgeon J. C. O'NEILL, 25th New York Vols, for absence without leave, Sept. 10, 1862.

Surgeon C. L. HUBBELL, 12th New York Vols., for absence without leave, August 5, 1862.

Assist. Surgeon J. G. LONG, 129th Penn. Vols., for intemperance and neglect of duty.

Surgeon ANAWALT, 132d Penn. Vols., for absence without leave, Sept. 12, 1862.

The following General Hospitals have been discontinued within the past week:—

Mill Creek Hospital, Fort Monroe, Va.
Ryland Chapel, Washington, D.C.
Grace Church, do. do.
Baptist Church, do. do. E Street.
Epiphany Church, do. do.

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It is contemplated that all the Churches in Washington, now occupied as hospitals, will be evacuated and turned over to their proper congregations, within a week or ten days.

Five hundred and twenty sick arrived at Baltimore from Washington on the 24th ult., and five hundred more were forwarded on the 29th.

Surgeon CRESSON STILES, U. S. Vols., has been directed to secure the Marine and Western Pennsylvania hospitals at Pittsburg, Pa., and have them fitted up for the reception of the sick and wounded soldiers continually passing through and arriving in that city.

The following officers have been dismissed the service of the United States:—

Surgeon I. I. McGOWAN, 2d Excelsior Regt., for drunkenness and neglect of duty.

Assist. Surgeon OLIVER S. BELDEN, 5th N. J. Vols, for incompetency.

Assist. Surgeon W. M. COOPER, 6th N. J. Vols., for drunkenness.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 1st day of December to the 8th day of December, 1862.

Deaths.—Men, 82; women, 61; boys, 79; girls, 98; total, 320. Adults, 143; children, 177; males, 161; females, 159; colored, 4. Infants under two years of age, 107. Children born of native parents, 11; foreign, 141.

Among the causes of death we notice:—Apoplexy, 5; infantile convulsions, 21; croup, 25; diphtheria, 17; scarlet fever, 11; typhus and typhoid fevers, 8; consumption, 52; small-pox, 0; measles, 4; dropsy of head, 6; infantile marasmus, 13; cholera infantum, 0; inflammation of brain, 6; of bowels, 8; of lungs, 14; bronchitis, 6; congestion of brain, 8; of lungs, 9; erysipelas, 2; diarrhœa and dysentery, 12. 177 deaths occurred from acute diseases, and 28 from violent causes. 206 were native, and 114 foreign; of whom 78 came from Ireland; 88 died in the City Charities; of whom 18 were in Bellevue Hospital, and 5 died in the Immigrant Institution.

Abstract of the Atmospherical Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Dec.	Barometer.		Temperature.			Difference of dry and wet bulb. Thrm.		Wind.	Mean amount of cloud.	Humidity Sat'tion, 1000
1862	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	In.	In.	°	°	°	°	°			
1st.	29 90	.10	41	38	44	2½	4	S.E.	9.8	867
2d.	30.06	.09	35	30	40	7	10	W.	0	587
3d.	30 04	.10	31	27	35	8	4	N.E.	9.7	770
4th.	30.05	.18	30	26	34	6	10	N.W. to S.	1	600
5th.	29 83	.30	32	27	33	4	5	S.E to N.E	8	724
6th.	29.47	.30	20	16	27	5	8	W.	2	640
7th.	29.84	.40	40	10½	18	5	7	W.	0	610
8th.	30.11	.20	20	11				S.W.	1.7	

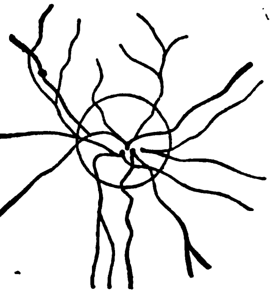
Remarks.—1st, Rain early, very light during the day, wind fresh at night, clearing late. 2d, Fine day, wind fresh P.M. 3d, Cloudy all day, a few snow-flakes and very light rain P.M., clearing late at night. 4th, Clear; fresh wind A.M. 5th, hazy early, clear A.M., light rain commenced 2½ P.M., light snow evening. 6th, Wind fresh, clear early, variable morning, clear and very cold P.M., barometer very low. 7th, Very cold, fresh wind all day. Rain, etc., for the week, a quarter of an inch.

SPECIAL NOTICES.

New York Academy of Medicine.—*In consequence of the inability of* Dr. Barker *to attend the last meeting, he will next Wednesday, Dec.* 17, *present his views on the Prognosis of Albuminuria, as affecting Pregnancy, Parturition, and the Puerperal State. The discussion on Albuminuria will close on that evening for the present.*

Dr. J. O'Reilley *will read a paper entitled "Hints on Strangulated Hernia."*

American Journal of Ophthalmology
JULIUS HOMBERGER, M.D., Editor.



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LECTURE I.

The Duties of the Surgeon in the Field.

Gentlemen:—We have in our lectures on the duties of the military surgeon commenced at the beginning, that is, with the very formation of the regiment. We have spoken of the enlistment, and have shown you that in the examination for drafting you have to guard against being imposed upon by simulated defects on the part of those who want to escape the draft, while in the examination for the volunteer service you have, on the contrary, to guard against overlooking concealed defects; you will otherwise fill the ranks with men unfit for duty, who will only encumber the hospitals, and eventually besiege the Pension Office. We have spoken of the care that is to be taken of the recruits, to avoid the diseases incident upon an entire change of the habits of living and diet. We have followed our regiment into camp, and pointed out the selection of a proper camp site, spoken of the best arrangement of the tents, the construction of latrines, etc., and tried to impress upon you the importance of enforcing the strictest camp hygiene, to prevent those diseases known as camp diseases, and which in all wars are more fatal to the armies than hostile bullets. We have spoken of those diseases as diarrhœa, dysentery, miasmatic diseases, typhus, scurvy, purulent and contagious ophthalmia, etc. We have then accompanied our regiment on a march, and shown you the care the surgeon must take of his men, differing in different seasons of the year.

You have seen that thus far the most important duties of the military surgeon are those of a health-officer, for the purpose of preventing disease and keeping the regiment in an efficient condition for service.

We come now to a part of our duties at once important and exciting, and requiring the utmost coolness and presence of mind, sometimes under the most harassing circumstances. We come to the consideration of the duties of the surgeon during action on the field of battle. And here let me first say to you that while no true gentleman, and only such should enter our profession, I say while no true gentleman will shrink from danger in the fulfilment of his duty, it is not only not expected of you, but, on the contrary, it would be grossly culpable in you wantonly to expose your life, just as much so as it would be in the commanding general; your services, and therefore your life, are of too much consequence to risk it recklessly or by any kind of bravado. In fact, there is a higher courage required of you than the mere brute courage of facing bullet and bayonet: it is the courage to face immense responsibilities under the most trying circumstances; and many a surgeon would prefer, when the wounded begin to accumulate around him—here an artery bleeding, there a piece of lung or bowel protruding, limbs shattered, and all looking to him for relief—I say many a surgeon, if he does not feel equal to the emergency, would prefer to change his catlin for a bayonet, and rather face the roaring cannon's mouth than calmly, under such trying circumstances, exercise the highest and most difficult duties of his profession. Thus, during and after the battle of Waterloo, some of the continental troops, especially those of Brunswick and Hanover, where the British German Legion had absorbed all the good surgeons, and where after that the regiments could only be furnished with inexperienced and half-educated surgeons, it was found that almost all those surgeons had fled, not for fear of hostile ball or bayonet, but because they did not feel themselves equal to the heavy responsibilities thus suddenly thrown upon them, and the wounded of those armies suffered until they were taken care of by the surgeons of the British army. Therefore, no surgeon should enter the army who has not made himself familiar with all operations, at least upon the dead body, for, when suddenly such vast armies are called into existence, it would be vain to expect that all the surgeons should have had previously ample experience, and I am glad to learn that now operations on the dead body are part of the examination for army appointment.

Before we proceed further, we have a few words to say about an institution in which our army until lately has been sadly deficient, I allude to a special ambulance corps for the purpose of removing the wounded, as soon as they fall, to the rear, where they are cared for. Hitherto this duty has devolved upon the comrades, to the detriment of the wounded as well as of the army, and this for very simple reasons: 1st. Every wounded man requiring two men to carry him off, it is evident that every bullet which hits takes three men out of the ranks, and frequently more, for there will always be men willing and anxious to avail themselves of a pretext for leaving the ranks, and they will rarely return, for they have put down their muskets to carry their comrade, and they will always find something to do about the wounded, and thus straggling is encouraged to a fearful extent. It used to be customary in some armies to leave the transport of the wounded to the musicians, but they are not sufficient, besides being wanted for other duties, such as buglemen, to communicate the commands of officers by signals to the tirailleurs, or to the regiment, when in the din of battle the word of command cannot always be heard.

The first historical record of a regularly organized distinct ambulance corps we find in the ninth century, when the Emperor Leo organized such a body. They were mounted, and had to keep 100 feet behind the line of combat; they had two stirrups on the left side, by which the wounded mounted into the saddle behind them. They received besides their regular pay, a gratification from the Emperor for every man whom they thus saved. Since then the institution has become more or less obsolete, for in time of peace such a corps is of course looked upon as an encumbrance; but we find that all the great powers of Europe, when actually engaged in war, have felt the necessity of it, and organized such corps; even the rebel army has its ambulance corps. Our commanding general has been hitherto opposed to its organization; but to the persevering efforts of our efficient and able surgeon-general it is due, that our army will be no longer without this necessary auxiliary, from the want of which hitherto our wounded have suffered in almost all our battles.

The ambulance men should be selected with care; they should be men who are trusty in every respect, who can handle liquor without tasting, who are strong and yet kind, and must be specially trained for their duty. There are two men to each stretcher, who in carrying a wounded man should not keep step, the first man stepping out with the left foot, while the second steps out with the right; in this way the stretcher is less shaken, and the motion more comfortable to the wounded. Let them carry fresh water, some stimulants, old linen, and a few bandages, but I pray you keep tourniquets out of their reach. It is a general idea that they should be supplied with means to stop hæmorrhage, and it has been proposed that not only each member of the ambulance corps should be thus supplied, but that each soldier should carry a field tourniquet. Now, gentlemen, I do not approve of this extensive and promiscuous use of tourniquets. I believe that the practice would be fraught with mischief:—In the first place, there is very little hæmorrhage on the battle field: when large arteries are wounded and bleed, the wound is generally fatal at once, but in gunshot wounds even large vessels may be wounded and not bleed, because they are lacerated wounds; in the second place, if there be hæmorrhage at the time, it is much easier to stop it by a gentle pressure over the wound than by the tourniquet; in the third place, most laymen have a mortal horror of blood: let a man spill a tablespoonful or two of blood, and ninety-five out of a hundred will be afraid that he will bleed to death; therefore, give such men tourniquets, and they will see hæmorrhage where we see nothing but a little blood, and will be ready at the least alarm to screw on their instruments. Now, even if these instruments could be used without doing mischief, the amount of good they do would be no excuse for their application; but tourniquets make a wound infinitely more dangerous by producing venous congestion. I speak now of their application by laymen. By the production of venous congestion we have the chances for gangrene very much increased, and also the danger of pyæmia. I do not believe a man ever recovered from a gunshot-wound where a tourniquet has been applied on the battle-field by incompetent persons, and kept on for any length of time. It is for these reasons that I condemn them.

The wounded are carried upon the stretchers to the rear, where the surgeon administers at once what is necessary for the moment, and then places them in the ambulance wagons to transport them to the hospital. The drivers of the wagons must be instructed to be careful in driving, and there should be provision of good water on board the wagons, for wounded men always suffer from thirst. The arrangement on our ambulance wagons, when I had an opportunity of seeing them, was faulty, all the water-casks being either leaky or giving to the water such a strong smell of paint that it was not fit for use, and therefore the casks were left empty.

The day is past where the administration of anæsthetics in surgical operations is a subject for discussion, but the choice of the agent is not yet so definitively settled. There is a large class of bodies, in fact all the volatile hydro-carbons, which possess anæsthetic powers, but at present only two—sulphuric ether and chloroform—are in general use, and recognised as the best, and between these two we have to make our choice. Now, in private practice my choice has been long since fixed. I have discarded chloroform entirely, or almost entirely, for in spite of all precautionary measures there is some danger in its use. Some years ago I came near losing a patient during a trifling operation from the use of chloroform, and only by the most persevering efforts in artificial respiration did I succeed in restoring life, which I had already for some time regarded as extinct. Since then I use, in civil practice exclusively, ether, but in military surgery my choice is quite as definitively settled the other way, and I prefer chloroform. 1st. It is less bulky than ether, requiring perhaps only as many drops as you require drachms of ether, therefore it is easier transported in sufficient quantities. 2d. It acts much more promptly, and, where time is as precious as it is on the field, this is a great advantage. 3d. Where thousands are sacrificed the possible risk of one life is far outweighed by the other advantages. In the whole Crimean war there was but one well authenticated case of death from chloroform.

We now come to the actual duties of the surgeon. On the eve of a battle you are to see that none of your men are disposed to shirk by magnifying trifling ailments. As a general thing, we find it a rare occurrence to see men simulate disease for the purpose of avoiding an engagement; on the contrary, in the present war, regiments who have had hundreds of men in hospital have, when a battle was anticipated, turned out in full numbers, simply because every man demanded the privilege of fighting. . .

Now, then, the surgeon, in preparing for his duties in the field, should first select a place about fifty or a hundred yards in the rear of his regiment, where he hangs out his red hospital flag. Here should be collected the ambulance and medicine wagons, and hither the wounded are to be brought on the stretchers. The spot should be well shaded and sheltered, if possible, near some fresh water and out of reach of musketry. You should have an operating table, or extemporize one for the occasion. The instruments being all in good working order, an ample supply of chloroform, stimulants, and morphine, as also of fresh straw, splints, linen, and bandages being on hand, the surgeon is ready for work. The duties are difficult and important, yet they may, in a few words, be summed up under two heads: to perform only such operations as are absolutely necessary at the moment, and to apply such dressings as will enable the wounded men to bear transportation. Mind that you are not in the hospital; you are not to treat the patients, but only to put them in a condition to be taken to the hospital. The dressings should be of the simplest kind, easily applied, and, mind you, easily removed. Do not be too liberal with your rollers, and avoid the use of lint, for both will become dry, and stick to the wound, and when the man arrives in the hospital, and the surgeon there having necessarily a great deal of work on hand, a great deal of time is lost and pain inflicted on the man in the removal of such dressings; in fact, the patient, in many cases, would have been better off without any dressing. The best, as a general dressing, is a simple compress wet with cold water or sweet oil, with directions to keep them constantly moist during the transport.

Now, as the wounded are brought in, you will attend to them as they arrive; but if they come upon you in large numbers, you have to make a selection of those most in need of your services. Cases of hæmorrhage should claim your attention first; next come in regular order, the cases in proportion to their severity or the amount of suffering; between two persons equally wounded, if one is an officer give him precedence, but no officer slightly wounded should be attended to at the expense of a private more severely hurt. This should be the rule in this country; in other countries, where officers and privates come from two distinct social classes, this rule may perhaps be somewhat modified.

Now let me give you another rule, that is, not to waste time, where every moment is precious, by investigating cases that are evidently fatal—beyond what humanity demands, that is to afford relief, moral as well as physical—but what I mean is not to let professional interest, which in this case would amount to hardly more than curiosity, lead you to waste time in exploring, for instance, the course of a bullet through the brain or the like, where you can do no good, while you keep men suffering where your skill may save life.

Almost all the wounds that will be brought under your notice will be gunshot wounds. You hear a good deal of bayonet charges, and crossing of bayonets, but I have been through a good many of our hospitals, and have seen thousands of wounded, but do not recollect to have seen a single bayonet wound. The only bayonet wounds I ever saw were inflicted in a sham fight. I was attached at the time to the Royal Hanoverian Grenadier Guards, and in the sham fight our regiment was to make a decisive bayonet charge, the opposing regiments, according to the programme, were to give way, but a good deal of jealousy existing against the guards the line regiments did not heed the programme, and the men actually crossed bayonets. On that occasion I saw a good many, in fact, the only bayonet wounds, and a good many men were maimed for life.

◆

Camp Privies.—Dr. Jarvis, of Mass., in his report to the Surgeon-General on the condition of the camps in that State, says:—"The *privies* were of the usual character—a hole and a pole. But one was filthy, and its neighborhood was filthy, and the appointed place was unapproachable, save by the fearless, and men were attending to their natural necessities in the open air and in the open field, in the sight of all men, and in the sight of all women who happened to be in that vicinity on that level field. And the apparent composure with which the men were discharging this duty, when I was passing as near as I could safely, showed that compulsion and habit had disarmed them of the natural delicacy as to such matters, and changed the habits which they had cultivated before they came to the camp."

Original Communications.

WOUND OF THE FEMORAL ARTERY.

LIGATION OF BOTH CARDIAC AND DISTAL SIDES OF SEVERED VESSEL.—SECONDARY HÆMORRHAGE.—LIGATURE OF EXTERNAL ILIAC.—PERITONITIS.—DEATH.

By LEWIS HEARD, M.D,
ACTING ASSISTANT-SURGEON, U.S.A.

Private R. B. Cornwell of the 25th Regiment, Ohio Vols., occupation, rake maker, 23 years of age, dark complexion, brown hair, blue eyes; enlisted 21st April, 1861, by Capt. J. P. McIlrath, at Cleveland, Ohio. He was wounded September 14, 1862, in the battle of South Mountain, Md., by a buckshot, which entered the upper and front part of the right thigh. He lost much blood at the time of the injury; fainted several times. Hæmorrhage arrested, by tying a handkerchief around the limb, above the wound. Was conveyed in ambulance the next day to Middletown, a distance of four miles. He remained here three days without surgical aid, the surgeon under whose care he was placed saying he should not have left the field, the injury seemed so slight. On the 18th he rode in ambulance to Frederick city, there took the cars, and reached Washington on the 21st. Here he was placed in Capitol Hospital, at this time in charge of Dr. Shippen.

An examination gave evidence that the femoral artery had been wounded, and that a traumatic aneurism was forming. Water dressings were applied till the 29th, when, by the suggestion of Dr. Hall—a very eminent resident practitioner, who, together with Prof. J. F. May, a highly distinguished surgeon of this city, had been called in—compression by means of the horse-shoe tourniquet was made, and continued until the 4th of October. This was now discontinued in consequence of pain, and want of the desired result, and nothing more was done till the 10th, on which day it was determined to tie the femoral artery, and the operation was accordingly performed by Drs. May and Shippen, assisted by Drs. Hall, Seeley, and others. I should have mentioned that the external wound had entirely healed before making the compression. The shot had entered some four inches below Poupart's ligament, over the track of the femoral artery. The following account of the operation I have from Dr. May, who took an active part in it. Several medical gentlemen, I believe, were present.

An incision was made some four or five inches in length, commencing two inches below Poupart's ligament, and carried down in the course of the artery, as is usual, through the skin and cellular substance. The several fascia were carefully divided; the sheath inclosing the artery and vein exposed and opened. The femoral artery was found to be wounded, and a tumor, or enlargement of the vessel at the point of injury, was observed about the size of a fox grape. Blood would issue from a small opening in this tumor, but was readily controlled with the point of the finger. Dr. M. applied a ligature, first on the cardiac side, but this not restraining the hæmorrhage, which was profuse from the distal side, he tied the artery here also. After this he divided the vessel between the two ligatures, and still the blood welled up from the bottom of the wound at this point, and the Doctor passed a curved needle, armed with a ligature, below and around the bleeding point, tied up the encircled tissues, and the hæmorrhage was stopped. The wound was now brought together and secured by a few points of interrupted suture, and adhesive straps and light dressings of lint and bandage applied. The foot and leg were enveloped in cotton, and their temperature maintained without difficulty.

All seemed to be doing well, when on the sixth or seventh day bleeding occurred, by which several ounces of blood were lost. It was soon arrested, however, and a tourniquet placed upon the limb, left loose, but in a manner to be readily tightened in case of a return of the hæmorrhage. The Capitol being used merely as a temporary hospital, it became necessary to remove the patients to other places, and as our hospital (the Casparis) being near, quite a number of the worst ones was brought there, and put under my care, and among the rest Mr. Cornwell, who was admitted on the 20th of October.

From this time to the termination of the case, the patient was daily under my own eye, his progress and his condition carefully observed. The wound was filling up with granulations of healthy appearance, except at the centre, from which issued, rather freely, a dark bloody matter, strongly resembling dissolved coagula of blood mixed with a small quantity of pus. Pulse on admission 130; limb warm; tongue slightly coated; tolerable appetite; bowels in good condition. Doctors May and Shippen taking much interest in the case, called almost daily for nearly a week to see the patient, and seemed well pleased with the existing state of things.

On the thirteenth or fourteenth day of the operation, the proximal ligature came away by itself, with knot and loop on the end. This was preserved and shown to the medical gentlemen when they called. The healing process was going on favorably, and Dr. May called four or five days after, and learning that nothing of an untoward nature had occurred, expressed the belief that the recurrence of hæmorrhage was by no means to be apprehended, especially at so late a period; but in this we were most sadly disappointed, for on the eighth or ninth day from the coming away of the ligature, on the 30th of October, secondary hæmorrhage again took place, and that profusely. Prompt attention was given, and notwithstanding it was speedily controlled such an amount of blood was lost as to greatly reduce the strength of the patient, and hazard his life. I should judge ℥xvj. or ℥xx. flowed out in a very few moments, for it jetted up in a stream near the size of one's little finger. I immediately dispatched a note to our surgeon in charge, W. E. Waters, M.D., of U.S.A., informing him of what had happened, requesting his presence, and suggesting the civility of extending an invitation to Dr. May to accompany him. Dr. Waters being ill at the time could not come, but sent the line to Dr. May, who responded, though not till I was about to begin the operation of tying the femoral artery, as I had resolved on doing, just above the arteria profunda. I should have done this in a short time had the Doctor not come in as he did.

A brief consultation was had; he gave it as his decided opinion that the patient would inevitably die; but to prevent his more immediate death from the loss of blood, advised ligating the external iliac. Thought there would be the same risk of hæmorrhage from the close proximity, above, of the external pudic, epigastric, and circumflexa ilii, as in tying the femoral in the first instance one-half or three-quarters of an inch below the profunda, which he affirms he did. I could not coincide with him in this view of the case; but inasmuch as he had already had so much to do with it, and had shared largely in the responsibility, I did not persist in maintaining the ground I had taken, and he, in the usual way, ligated the external iliac.

And here I would remark that, had the femoral artery been tied at the point I proposed (close to the profunda above), the great danger of peritoneal inflammation would have been avoided. And, moreover, it was far from being certain that hæmorrhage would have again taken place; the patient would have had, at least, one more chance of living, and in case this apprehended accident had followed, the iliac could then have been secured; and even had death ensued from the exhaustion, which, in truth, was quite probable, I am well assured it would have occurred at a much later period. After the operation the limb was carefully enveloped in cotton batting and flannel, and its natural temperature preserved. Having recovered from the more direct influence of the anæsthetic, stimulants were administered freely and an opiate given at bed-time.

Oct. 31*st.*—Rested tolerably through the night, feels quite comfortable this morning. Pulse 130, more full than on the evening previous. Takes some food and appears less exhausted. In the course of the day he began to complain of pain and soreness in the bowels; fomentations were applied, and directed to be continued, and the following pill ordered to be given:—℞. Pulv. opii, gr. x.; hyd. chlor. mit. ℈j.; mucil. g. acaciæ, q. s.; M. fiat massa, et in pil. x dividenda; give one every two hours. Stimulants still given, but at longer intervals and in less quantity, as there was more reaction. *Nov. 1st.*—Slept but little during the night. Suffers but little pain. Abdomen tympanitic and very tender to the touch; applied a large blister; continued the pills of opium and calomel, with beef-tea, chicken broth, etc. Pulse more frequent, 145. Vomiting took place, and continued to recur at short intervals in despite of various means employed to allay it. Cadaverous expression of countenance; dry tongue; urgent thirst; in short, all the symptoms more unfavorable and portentous, and pointing unerringly to a speedy fatal termination. Not the least hope in the case. *Nov. 2d.*—Had a bad night; not much pain, but almost constant vomiting. Both medicines and food are ejected immediately after they are taken. Pulse 160; so small as scarcely to be felt at the wrist. Bowels more tympanitic and still tender. Leg and foot of natural temperature; mind clear; desires death as a relief from suffering. *Evening.*—All the symptoms decidedly worse. Can hardly live through the night. He died Nov. 3d, at 10 A.M.

Autopsy.—Twenty-four hours after death. Here I would premise that Dr. May, to account for this unlooked-for and extraordinary secondary hæmorrhage, takes the ground that there must be an abnormal division of the femoral artery; and being fully impressed with the idea of the existence of two femorals, supposes that both had suffered injury, and one, as he confidently affirms, he tied, in the manner above mentioned, while the other, not being seen nor supposed to exist, continued open and gave rise to the hæmorrhage and what followed.

The external iliac having been injected downwards, and the popliteal upwards, that the examination might be made with greater ease, and that more satisfactory results might be obtained, the dissection was conducted as follows.

An incision, through the skin and cellular substance, was made over the track of the femoral artery, from Poupart's ligament down to the inner side of the knee; these were dissected up and turned back; the superficial fascia was divided, carefully raised and laid aside; the fascia lata was now divided on a director, and, with much care, dissected from the parts beneath; the sartorius muscle was raised and laid aside, and the sheath inclosing the crural vessels exposed. Poupart's ligament was now cut through, and the incision extended into that made for ligation of the iliac. Consequently the cavity of the abdomen was opened; and here were found all the evidences of inflammation: effused serum, deposition of coagulated lymph, and the small vessels of the peritoneum highly injected. The external iliac, from its origin, and the femoral artery were carefully separated from their surroundings, and traced down to one-half, or, at most, three-quarters of an inch below the origin of the arteria profunda, where the femoral was lost in an aneurismal sac. The femoral vein was likewise traced from where it passes under the crural arch down to the sac, where it, too, was lost sight of; its usual relations to the artery existed. Next, the popliteal and femoral arteries and veins were, with great care, dissected out and traced up to within five inches of Poupart's ligament, where they, in like manner, were lost in the lower margin of the aneurism, which, on being removed from its bed, was found to be about the size of a very large goose-egg, and something of the same shape. The most diligent search was instituted, all of the several parts being dissected out with great care, and no second femoral artery could be found, and nothing discovered in the division and distribution of the arteries of the thigh of an abnormal character.

I am positively assured that no aneurism existed at the time of making the operation of ligating the femoral artery, except the small grape-like tumor above named, and therefore it must have formed since. It had burrowed deep among the muscles, approaching very near the femur, and lying under the deep fascia, had not protruded much in front. This sac, together with the several vessels, was removed and preserved for inspection.

Professor May was present, witnessing and assisting in the examination, and having the most indubitable evidence to the contrary, was obliged to give up his idea of the existence of two femoral arteries. The case seemed inexplicable. The facts connected with the several steps of the operation of tying the femoral I have from no careless or ordinary observer, but a scientific, experienced, and practical surgeon, and one who occupies no unenviable position in the profession; hence his statements are entitled to respect, and his testimony worthy of credence. But how are we to reconcile what is affirmed in respect of tying the wounded femoral artery—both on the cardiac and distal sides of the injury, the upper ligature having been applied three-quarters of an inch below the origin of the profunda, and the distal one, an inch and a half lower down, and the vessels divided between the two—and what was actually proved by the post-mortem examination?

Whence came the blood to form so large an aneurism in so short a time? Could any small muscular branches which may have been given off between the ligatures, anastomosing with some others, have become so enlarged as to have afforded a sufficient amount of blood for this purpose?

In the performance of the operation I do not see how any mistake could have been made. How can this matter be explained?

Caspri's Hospital, Washington, D.C., Nov. 20, 1862.

CASES IN PRIVATE PRACTICE.

By G. A. DAYTON, M.D.,

MEXICO, N. Y.

FALLOPIAN PREGNANCY—DEATH IN 32 HOURS.

On Tuesday the 25th of March, 1862, I was consulted by a gentleman in relation to the illness of his wife. He informed me that she had missed her last menstrual period, and the time had now arrived when her second period should take place, and that she was suffering the usual pain experienced on such occasions, only in an aggravated degree. I advised putting the feet and hips in hot water, and if the pain in the region of the uterus was very severe, to take a dose of morphine. On Wednesday the 26th, about eight o'clock in the forenoon, I first saw her and obtained the following brief history of her case. She was 26 years of age, had been married six years, never been pregnant, had on one or two previous occasions missed her menstrual time without any serious symptoms; that on this occasion she had suffered none of the usual symptoms of pregnancy; that on the day before, in her usual good health, about eight o'clock in the forenoon, while engaged in sweeping her room, she was suddenly seized with severe pain in the region of the uterus, which was accompanied by such "singular feelings" that she thought she was dying, which was immediately followed by faintness and vomiting, and was much distressed to get her breath; that during the night the menstrual discharge had come on, and she had been expecting relief, but had experienced no alteration of her sufferings; that the morphine had produced no appreciable effect, and had made her very sick at the stomach. I found her extremities cold, although she was complaining of the heat of the room; she was very pale. No pulsation could be felt in the carotid or arteries of the forearm; frequent vomiting, which consisted of her drinks, slightly tinged with bile; great thirst; incessantly calling for cold drinks, which were generally vomited as soon as swallowed; great difficulty was experienced in breathing. Stimulants, such as brandy, wine, and whiskey, were freely administered, but like all other fluids taken into the stomach, were almost immediately ejected. Hot cloths were assiduously applied to the extremities, cataplasms of mustard and chloroform were applied to the surface, but with no effect, and all hope of reaction was at an end, and death was near; her mind remained clear until a few moments before she expired, which took place at four o'clock P.M., thirty-two hours from the time she was seized. The diagnosis was, that death was caused by hæmorrhage in the abdominal cavity; but what particular vessel, or from what cause, was unknown.

Autopsy, forty hours after death.—Rigor mortis well marked. On uncovering the body the abdomen was much distended and tympanitic. On opening the cavity of the abdomen the adipose deposit was nearly two inches in thickness, showing the good health of the patient at the time of the attack. As the cavity was opened a quantity of serum gushed out, this was followed by some fluid blood, which was carefully removed with the sponge, when a large quantity of coagulated blood was discovered; this was carefully removed, when the cause of death was readily discovered, viz.—the left fallopian tube was ruptured at the junction of the middle and ovarian third, and from which opening was protruding a fœtus, inclosed in its membranes, floating in its perfectly transparent waters, and death was caused by the hæmorrhage from the small vessel, ruptured into the cavity of the abdomen; the rupture was about ten inches in length, with ragged edges, and, as before stated, the fœtus, inclosed in its bag of waters, was protruding, and was about the size of a pullet's egg; the fœtus could be clearly seen through the transparent membranes and waters, and its sex (a male) readily distinguished; the umbilical cord could be seen and traced to the placenta, which was about the size of a silver dollar, and was firmly attached to the inner portion of the fallopian tube, a short distance from the rupture; the uterus was about the size usually found in women who have borne children. Its cavity contained some mucus tinged with blood, but on careful examination a strong light revealed no trace of the membrana decidua, which authors tell us lines the cavity of the uterus soon after conception; the ovaries were of the usual size and healthy. The accident or bursting of the fallopian tube, which caused the death of our patient, perhaps was caused by the congestion of the parts consequent upon menstruation.

CASES OF TÆNIA EXPELLED BY PUMPKIN SEEDS.

I.—M. F., a lad of about twelve years of age, had for some months passed portions of tape worm from one to two inches in length; he had previously taken the etherial oil of male fern, followed by castor oil and turpentine in fourteen hours, but with no effect. On Saturday he was ordered to take ℥ ij. of pumpkin seeds, to be well bruised in a mortar; on Sunday at noon to take castor oil and spts. turpentine, each ʒ ij.; to take no food after taking the pumpkin seeds. On Sunday afternoon the oil and turpentine operated as a cathartic, bringing away the entire worm 17½ feet in length.

II.—In July last, 1862, Mrs.——, aged about 50, said she had passed portions of tape worm for several months, sometimes several feet in length had been expelled at one time; that she had taken several remedies, among them several drastic cathartics, with no effect. She was ordered pumpkin seeds, bruised well in a mortar, ℥ iij., fasting, to be followed in twenty-four hours with castor oil and spts. turpentine, each ʒ ij.; this brought away the entire worm twenty-three feet in length. My opinion is, that to make this remedy almost a specific, the seeds should be thoroughly bruised, so that the particles can come in contact with the head of the worm; also that fasting is absolutely necessary to enable the remedy to accomplish its work.

CASE OF POISONING BY THE WINE OF COLCHICUM.

On the 14th of June, 1862, J. B., aged 67, in his usual health before breakfast, took as near as could be ascertained about ℥ ij. of wine of colchicum with a raw egg. Supposing that he had taken some kind of wine with his egg, he partook of a light breakfast; in about an hour he began to feel some uneasiness at the stomach, which increasing he soon began to vomit, throwing up what he had taken for his breakfast; pain soon was felt over the region of the stomach with nausea and frequent vomiting; the pain gradually extended itself over the abdomen, which was followed by several large watery evacuations, accompanied by severe griping pain at each discharge. At this time, some four hours after having taken the colchicum, I saw him: the extremities were cold, pulse slow, 45, and very feeble; great feeling of prostration, accompanied with restlessness; vomiting frequent, throwing up his drinks, tinged with bile; great thirst; he complained of severe pain and tenderness over the region of the stomach, and which was extending over the bowels. Evacuations from the bowels were frequent, with pain; the discharges were large and watery, colored with bile resembling the matter vomited. A strong mustard emplastrum was ordered over the stomach, warmth applied to the extremities, small bits of ice were allowed to dissolve in the mouth, and some to be swallowed to allay the thirst, and to check the vomiting sixty drops of fluid ext. opium were given as an enema to allay the pain, which also lessened the frequency of the discharges; the pain and tenderness over the stomach increasing, a blister was ordered, with directions to sprinkle morphine upon the abraded surface to allay his pain; stimulants were used as freely as the case admitted of, but he gradually failed, and died on the 19th with the symptom of gastro-enteritis. No autopsy allowed.

CASE OF

WOUND OF INTERNAL CAROTID ARTERY,

PRESENTED TO THE BRODIE MEDICO-CHIRURGICAL SOCIETY, HELD IN FREDERICK TOWN, MD., NOV. 22, 1862,

By REDFERN DAVIES, M.D.,
ACTING ASSISTANT SURGEON, U.S.A., LATE OF BIRMINGHAM, ENGLAND.

LEVERETT EVANS, aged 22 years, of small stature and feeble build, was wounded at the battle of Antietam, Sept. 17, by a bullet entering (his mouth open) about the middle of the left anterior pillar of the fauces, and issuing at the back of the neck, two inches from the spinous process of the second cervical vertebra on the left side.

A probe passed freely through the two apertures, grating against bone in its course.

He stated that he had lost much blood, producing faintness for several hours after the receipt of injury. Since, however, being a patient in this hospital, he has done well, and, as usual, was walking about the ward, keeping his head as immovable as he could, up to the morning of the 31st of October, when, while lying on his bed, and without any known cause, hæmorrhage of a "bright red color" occurred to the amount of "about a wine-glassful:" this bleeding issued from both apertures of wound, and continuing but for a few minutes, so that when I was in attendance upon him there was only some clotted blood to be seen in his mouth and on the back of his neck. Another hæmorrhage occurred in the course of two days, when "about a teaspoonful" of blood was lost.

Both apertures, as well as discharge from the wound, continued very good, and his general condition, though feeble, was fair. On November 13th, shortly after eating his breakfast, when he appeared as usual, his mouth was observed to be drawn towards the right side, facial expression on the left side was gone, and on attempting to whistle his breath escaped at the left corner of his mouth.

In an hour or so he began to mutter incoherently, act deliriously, and died next day at six A.M.

Post mortem six hours after death, Nov. 14th. Examination of parts involved in this injury showed a sloughing passage in the bullet track, into which was forced for a distance of an inch the last molar tooth; the adjacent soft parts were healthy. Upon injecting the common carotid and vertebral arteries of both sides, the injection passed readily and well in all save in the left internal carotid artery, where its progress was arrested firmly after passing for a distance of two inches; here its termination was covered in by an organized *cul de sac;* its distal termination, as also its branches were not able to be found.

Ligamentous union and cartilage between the bodies of the first and second cervical vertebra were gone, their opposing surfaces being roughened.

From the foregoing facts I am induced to believe that the internal carotid artery was laid open by the bullet; that from the consequent loss of blood which ensued fainting was induced; that while in that condition a sufficiently strong coagulum was produced to prevent any further escape; and that by the process attendant upon the prolonged suppuration (45 days), the remainder of the artery was disintegrated and passed away in the discharges.

The succeeding hæmorrhages were caused by minute openings into branches of the external carotid artery, which were spontaneously arrested as they spontaneously arose.

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Stated Meeting, Sept. 10, 1862.

DR. T. C. FINNELL, PRESIDENT, IN THE CHAIR.

TUMOR OF THE CLITORIS.

Dr. Prince exhibited a wax cast taken from a young girl 21 years of age, who about a year previous had primary syphilis. Shortly after the first appearance of the chancre she noticed a small excrescence growing from it. This grew very rapidly, but did not occasion her any inconvenience until within the past two or three weeks, when the lower margin became ulcerated, interfering with micturition and copulation. The mass had attained the aggregate size of a hen's egg, but was irregular and fringe-like in its shape. It was very vascular, firm, and was composed mostly of cellular tissue and mucous cysts, having the usual character of veneral condylomata. A remarkable feature in the character of the tumor was, that it was strongly connected with the clitoris, which was very much enlarged, and at all times erected and quite painful. All the usual remedies failed to show any good result, and finally the mass was removed by the ligature.

In connexion with that case he exhibited another wax specimen, which illustrated the character of a similar disease, yet presenting different characteristics. It was taken from a woman aged 28, an inmate of Bellevue Hospital and patient of Dr. Sayre. The growth occupied nearly the whole surface of the vulva, perineum, and adjacent portions of the gluteal region, was of a florid hue, mucous texture, and very vascular. The growth was very rapid, and on the least irritation was attended with hæmorrhage. The discharge which was afterwards secreted by the diseased surface soon became very profuse, and she became very much emaciated in consequence. The disease was completely cured by applications of tannin and alum.

CROUP—TRACHEOTOMY.

Dr. Jacobi presented the respiratory organs of a child two years of age, who died ten o'clock of the night before of croup. He related the following history of the case:—I first saw the child in consultation last Friday morning. He had been suffering for about ten or twelve days from nasal and laryngeal catarrh, and when the attending physician was called, twenty-four hours before I saw the child, there were well established symptoms of croup. Not only was there more or less occlusion of the larynx, but also diphtheritic membranes covering the tonsils and the adjoining parts of the pharynx. The physician made use of the usual remedies, but the symptoms grew more and more grave every hour, and when I was summoned suffocation seemed so imminent that I thought it best to resort to tracheotomy at once. The operation was performed in the usual way, with the exception that the incision into the trachea was made through the thyroid body. The hæmorrhage which followed this procedure was very much less than I expected it would be.

The operation under the circumstances was considered justifiable, inasmuch as I could not make out there was any pneumonia present. About twenty minutes after the operation the child breathed pretty well, and pulse ranged from 135 to 140 per minute. The pulse increased in frequency until the afternoon when it was about 150. The child then took a little of Horwood's tinct. of veratrum viride, a drop every two hours, and the following morning appeared evidently better, there being no positive symptoms of bronchitis present. During that afternoon there was a sudden collapse. The use of stimulants and quinine soon reduced the pulse from 190 to its former frequency, and gave us some hope for a recovery. On the morning of the third day, however, symptoms of suffocation began to show themselves, and the child would throw out from time to time hard shreds of mucous membrane with a temporary relief of the symptoms. The percussion sound was normal and clear posteriorly, but somewhat duller than usual anteriorly. The symptoms of suffocation gradually grew more and more manifest, and the child died last evening in about the same condition as he would have died from the first attack of croup. I have to state that one of the attempts to cure consisted in introducing a pretty strong solution of nitrate of silver. This was done day before yesterday at intervals of thirty-six and twelve hours before death. After the first attempt the child's breathing seemed to be less embarrassed, especially after some of the shreds of membrane were torn out by the feather containing the solution.

A portion of the larynx, pharynx, and trachea were then exhibited. Portions of the tonsils and the whole larynx were covered with pseudo-membranes, which did not show any disposition to separate. The wound made by the operation was so covered by this membrane above and below that the process of healing had progressed very slowly. The evidences of trachitis were very well marked. The membranous shreds could be traced down as far as the bifurcation of the bronchial tubes. The lungs were healthy, with the exception that on the left side there were pleuritic adhesions and several marks of pulmonary apoplexy.

Dr. Buck stated that he had frequently cut through and torn the thyroid body, without encountering any alarming hæmorrhage.

Dr. Krackowizer's experience corroborated that of the two preceding gentlemen, and was inclined to believe that the danger of wounding the body in the operation was very much overrated by writers upon the subject. Tracheotomy was of necessity an operation which should be performed with despatch. He thought it was best, if the operator was sure that the hooks were securely and properly fixed, to cut boldly through the veins, resting assured that the hæmorrhage, though frightful at first, would cease of itself when the tube was introduced. The cardinal indication was to admit air into the trachea, and the quickest means to secure such an end were the best.

(To be Continued.)

During the five years 1852–56, according to the Registrar-General's returns, 5415 suicides were committed in Great Britain (including Wales), showing an annual average of nearly 6 suicides (5·87) to 100,000 persons living at all ages, and of 26 to 10,000 deaths from all causes.

A Public Analyst in Dublin.—The corporation of Dublin have appointed a public analyst. There were four candidates, and Professor Cameron had a large majority.—*Brit. Jour.*

American Medical Times:

SATURDAY, DECEMBER 20, 1862.

REPORT OF THE SURGEON-GENERAL.

The annual report of the Surgeon-General will be read with interest by the medical profession. It is the first time that an annual report from that department has arrested, or, perhaps, even merited public attention. But now, standing as the guardian of the health interest of our immense army of citizen soldiers, it becomes a document full of interest both to the general public and the profession.

The first fact of interest is the comparatively small expenditure for the fiscal year, ending June 30. This period, it will be remembered, embraced the vast preparations for, and execution of the campaign in the West, South, and South-West, as also the costly campaign of the Peninsula. The expenses of the Medical Department for the current fiscal year must be greatly in excess of the last, owing to the large increase of the army. But there is no branch of the public service which we can so poorly afford to stint and limit as the medical, and whatever may be the increased expenditures for the care and comfort of the sick, the people will liberally sanction them.

It is not a little remarkable that an army recruited in the Northern and Western States, and scattered over the most unhealthy districts of the South, should have passed the summer months without the occurrence of any severe epidemics. Although no statistics of disease or mortality accompanies the report, it may be stated from other sources of information that the percentage for the entire force was smaller than any army in the field in modern times. It is gratifying to learn from the Surgeon-General that, "never before were the sick and wounded of an army so well cared for, as are those who have suffered for their country in the present rebellion," and that "the hospitals are a credit to the nation." The medical officers of the regular and volunteer corps are justly commended. As a body they are deserving of higher rewards than Government is willing to concede to them.

The measures for increasing the usefulness of this department, which the Surgeon-General recommends, deserve the prompt attention of Congress. The importance of an ambulance corps with every division of the army is so apparent, and has so repeatedly been demonstrated, that we trust Congress will ignore the prejudices of military men, and provide for their organization. The increase of the medical staff, both of the regular and volunteer forces, should at once be made to reach the highest figure advised by the Surgeon-General. The increasing demand for competent hospital attendants can in no other way be supplied.

We are glad to learn that the Department of Sanitary Inspection is accomplishing much good, and may be pronounced a success. We have always regarded this branch of the medical service of the army as of the utmost importance to the health of the soldiers, and we have anxiously waited for the definite results of its labors. The corps of inspectors appointed were, in general, men of considerable experience in their special duties, and capable of organizing upon a proper basis this department. But thus far we had learned nothing of their success, and we are highly gratified to be informed from the highest official source, that this branch of service has given satisfaction. The recommendation of a larger inspectorial force and another Inspector-General, is important. It is quite impossible for eight inspectors to do more than examine, and that in the most superficial manner, a portion of our vast army, and the widely scattered hospitals. If the corps of inspectors is increased, we hope the most competent surgeons in the army will be selected; men who are adapted for the position by positive qualifications for this special service.

We have already presented our views of the necessity of an Army Medical School, where the candidate for a position in the Medical Staff of the Army shall be thoroughly educated in the duties of his future profession. It is idle to suppose that the proper instruction may be given in our medical colleges. France and England have been compelled to consolidate their scattered chairs of military surgery in a single school, and the result is a complete and comprehensive course, which is giving a higher grade of educational qualification to the medical corps of their armies. Nor can there be any rational objection to the establishment of a Medical School under Government patronage. It will be placed on the same footing as its military and naval schools, which are now yielding the ripe fruits of years of patient and laborious training.

The Surgeon-General recommends that the building of hospitals be intrusted to the Medical Department. If no other suggestion of the report is approved, we trust this will be. Already great harm has been done in the erection of hospital buildings by men who had not the remotest idea of their uses. In some instances ventilation has not entered into the plan; in the greater number it is lamentably deficient. Obviously the only remedy is to give the entire management of hospital erection into the hands of the Medical Department, which alone is capable of appreciating the hygienic principles involved in hospital construction.

We have not space to notice further this interesting document. It is clearly and forcibly written, and presents for the consideration of Congress suggestions for improvement, which ought to engage the early attention of that body.

THE WEEK.

The English operatives are about to have superadded to their sufferings from destitution, that most terrible of all accompaniments of famine, the true spotted typhus, the "famine fever" of Ireland. So great is the destitution in the "cotton districts," that the greater bulk of the operatives are said to be living at a cost per week which twelve months ago sufficed but for a single day. They have parted with all their available furniture and blankets, and now, with the first frosts of winter, to obtain warmth, and escape rent, they crowd together in small ill-ventilated rooms. Thus are established the conditions necessary for the occurrence and prevalence of typhus. And now this dreaded disease has made its appearance, and in some districts it is so prevalent as to overtask the physicians. It gratifies our national pride to see the hearty response which our citizens have made to the call, to aid in the relief of these sufferers. Over $100,000 have already been subscribed to this fund, with ship-loads of grain. Not content with aiding the famine and typhus-stricken operatives of England, we notice a call to consider the wants of French operatives, and the propriety of sending them material aid. It is but right that a country, whose free institutions excite the warm and hearty sympathy of the poor and oppressed of Europe, should contribute largely from the products of its teeming fields, and its overflowing granaries, to their relief.

The ball has been extracted from Garibaldi's wound by Prof. Zanetti, one of his Italian attendants. The French are jubilant over the result, as proving the superiority of French surgery, and have presented Nélaton with a *souvenir*. The English do not conceal their chagrin at their discomfiture, but take comfort from the weak apology that the English surgeon examined the wound at an early date. Meantime, the merits of the Italian surgeons, who have been so rudely and officiously interfered with, are entirely overlooked. They first decided that the ball was lodged in the wound, indicated the course of treatment, and finally removed the offending body. They are entitled to all the credit attached to the surgical management of the case.

In this number we commence a series of lectures on Military Surgery, by Prof. Detmold, who has recently been appointed to the chair of Military Surgery and Hygiene, in the College of Physicians and Surgeons. The instructions of one so widely known as an eminent and successful teacher of practical surgery, need no commendation at our hands. We will only add that these lectures will form an attractive feature of our next volume.

Correspondence.

FRENCH MEDICAL INTELLIGENCE.

At a late *Séance* of the Paris Academy of Medicine, the discussion on exophthalmic goitre, of which I gave a sketch in my last communication, was re-opened by M. Bouillaud, the president, and treated of *in extenso*. That the phenomena it presents were owing to a paralysis of the grand sympathetic, as alleged, was not for a moment admissible, for what so unnatural as to ascribe to the paralysis of a nerve results so different in nature as the luxation of an organ, exophthalmia; an organic lesion, hypertrophy of the thyroid gland; and finally, some palpitations. For cause more rational he would rather invite consideration to the great resemblance that the subjects of this malady bear to the victims of onanism. Every one admits that derangement of the genital functions appears to influence a development of the thyroid body, as in gestation for example it is often hypertrophic, and he has seen several cases wherein the malady was traceable *only* to onanism. He does not pretend to attribute the development of exophthalmic goitre to onanism *exclusively*, but to every excess and abuse in general of the sexual functions. M. Trousseau, he adds, is not entitled to any applause for his agglomeration of well known but incompatible phenomena, with a view to forming a new *entité morbide*, and finally closes by offering the following conclusions:

1st. Of the three elements attributed to the malady called by M. Trousseau, Maladie de Basedow* ou de Graves,† there is one, the cardiac element, which has no necessary relation with the two others. This breaks the famous triad.

2d. Between the two other elements there is no actual identity, since exophthalmia pertains to the class of luxations as much as the goitre pertains to that of excess of nutrition or hypertrophies. The coincidence of these two states is subservient to conditions which are not sufficiently known. But we must hold in consideration the influence exercised in certain cases from compression of the external jugular veins by the tumefied thyroid body.

3d. The etiology of exophthalmic goitre does not appear to have sufficiently attracted the attention of our predecessors. For our part, we have believed it our duty to signalize as one of the causes, if not the essential cause, the species of excess so common and so prolific in grievous consequences, of which Tissot and Lallemand have made an especial study.

It has been stated that M. Trousseau rejects the word cachexy in connexion with the disease under consideration, and defines cachexy as "la dernière expression de la chlorose ou de l'albuminurie, c'est une sorte d'altération profonde, indeterminé, irremediable de l'organisme." M. Beau sees differently, and makes use of the term *cachexie exophthalmique*, and defines it as a cachexy, or an anæmia, or chloro-anemia, in which are to be found a marked predominance of cardiac and vascular symptoms. And further, that there are two characteristic lesions which separate it from other cachexies or anæmias, viz. goitre and exophthalmia.

In considering the causes of the *cachexie exophthalmique*, M. Beau declares himself to be of decided opinion on this point, and relates the following seven cases in support of the causes being chiefly moral:

1. A lady, whose husband held a high position under the government of Louis Philippe, and having no personal fortune, fell to the grade of mediocrity with the reverses of the Revolution. She contracted the exophthalmic cachexy.
2. A lady lost by litigation a part of her fortune, and became similarly affected.
3. A Russian lady, greatly afflicted by reason of separation from her husband, whom she ardently loved, and of whom she was jealous, was taken with the cachexy, which resisted for a great length of time all therapeutic agents. At Paris, where her husband came to rejoin her, she was successfully treated with the *ferrugineux*, until her husband was again compelled to leave: from this moment the treatment failed, and the disease reappeared in all its severity.
4. The young daughter of a Parisian artisan could not marry with a young man of her choice, and contracted the same malady.

Finally, three men, two of whom are provincial practitioners, exhibited similar signs after deep afflictions. Singular to say, in these last exophthalmia was wanting, the disease being only substantiated by the cachectic state, the heart affection, and the goitre.

Cygnet.

A day or two ago, a neat little printed circular, headed "Funeral Depôt," was dropped into our letter-box, and in it we read:—

"Mr. F—— presents his compliments to Dr. ——, and begs to inform him the usual Commission will be allowed on all Business recommended to the above Establishment."

We confess that our feeling was one of acute admiration at the cool impudence of the undertaker who had favored us with the note; but our admiration was changed into unmitigated wonder, when we subsequently learned that there were not lacking in town medical men who were but too willing to take the office of commission agent to an undertaker; and that a well-known practitioner had but a few weeks previously received for one funeral—one "piece of business" he had recommended—no less a commission than £50! "You see, sir," said our informant, "it was a first case. The maximum commission is usually 20 per cent.; but in this instance, anxious to secure the interest of the gentleman, who is rapidly rising in practice, and the job being a good one, 25 per cent. was given."—*Lancet.*

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* A German.

† Dr. Graves of Dublin.

Army Medical Intelligence.

ANNUAL REPORT OF THE SURGEON-GENERAL, U.S.A.

Surgeon-General's Office,
November 10, 1862.

SIR:—I have the honor to lay before you a statement of the fiscal transactions, and a report upon the operations generally, of the Medical Department of the Army, for the fiscal year ending on the 30th of June, 1862.

The amount of the appropriation for the Medical and Hospital Department on the 30th of June, was:

In the hands of disbursing agents..............		$6,006 62
In the Treasury of the United State		41,172 92
Amount appropriated per Act, July 17, '61.....		1,271,841 00
Amount appropriated per Act, Feb. 25 '62.....		1,000,000 00
Amount appropriated for deficiency to June 30, '62, approved Feb. 25, 1862..................		125,000 60
Amount refunded into the Treasury, on account of Medical and Hospital stores sold at auction, viz. D. D. Morrison, $330.60, John Moore, $950.50, E. H. Abadie, $330.48, I. D. Cotton, $240.00, Samuel Elliott, $18.82.......		1874 85
Total.... ...		2,445,894 89
Of this sum there has been expended on account of pay, etc., of private physicians, contracted in 1861..............................	85,052 91	
do. do. 1862	86,597 76	
For medicines, instruments, hospital stores, etc.	2,249,462 52	2,371,118 19
Leaving in the hands of disbursing-agents......		74,781 70

It has been usual for a report of the sickness and mortality of the Army to accompany this report, but it is found impracticable, arising from the vast amount of labor incident thereto, and it will be furnished, it is believed, in time for publication as a supplement to the "Surgeon-General's report for the fiscal year ending June 30, 1862." In the meantime, however, I am able to present the following statement of General Hospitals, and the number of patients according to the latest returns received at this office.

Names of Hospitals.	*Location.*	*No. of Patients.*
Ascension	Washington	294
Armory	"	486
Carver	"	1278
Columbian	"	728
Cliffburne	"	1057
Casparis	"	118
Douglas	"	845
Eckington	"	830
Emory	"	902
Epiphany	"	172
Ebenezer	"	187
Finley	"	561
Harewood	"	1834
Judiciary	"	491
Kalorama	"	19
Mount Pleasant	"	1851
Odd Fellows' Hall	"	168
Patent Office	"	660
Ryland Chapel	"	101
Stone	"	92
St Elizabeth	"	185
Trinity	"	815
Union Chapel	"	47
Cranch	"	178
St. Aloysius	"	289
1st Division	Alexandria	585
2d "	"	512
3d "	"	584
Camp Parole	"	847
Fairfax Seminary	"	1176
Seminary	Georgetown	115
Union	"	174
Presbyterian	"	117
Trinity	"	191
College	"	298
Dunbarton	"	97
Camden Street	Baltimore	575
Stewart's Mansion	"	450
Patterson Park	"	289
Newton University	"	202
McKim's Mansion	"	882
West's Buildings	"	682
Annapolis	Annapolis, Md.	1197
General Hospital, No. 1	Frederick, Md.	717
" " 2	"	194
" " 3	"	806
" " 4	"	261
" " 5	"	491
" " 6	"	198
Camp A	"	697
" B	"	898
Broad Street	Philadelphia, Pa.	785
South "	"	902
Wood "	"	186
Fifth "	"	218
St. Joseph's	"	120
Christian street	"	187
West Philadelphia	"	1868
Pennsylvania	"	100
Summit House	"	147
Fourth street	"	221
Catharine "	"	85
Master "	"	214
Front "	"	186
Turner's Lane	"	154
Race Street	"	818
Hestonville	"	151
Germantown	"	189
Filbert Street	"	813
York	Pennsylvania	926
Reading	"	202
Harrisburg	"	507
Chester	"	816
Hammond	Point Lookout, Md.	977
Bellevue	New York	609
David's Island	"	2146
Jews	"	58
Ladies' Home	"	268
City	"	240
Fort Wood	"	508
Twenty-Eighth Street	"	86
Blackwell's Island	"	248
Brooklyn	"	131
Long Island College	"	122
Fort Schuyler	"	455
St. Luke's	"	56
Fort Columbus	"	93
New Haven	Connecticut	175
Portsmouth Grove	Rhode Island	1822
Newark	New Jersey	1848
Clareysville	Maryland	468
Beaufort	North Carolina	269
Newbern	" "	118
Portsmouth	" "	58
Hilton Head	South Carolina	227
Beverley	Virginia	61
Grafton	"	152
Parkersburg	"	59
Wheeling	"	74
Fort Monroe	"	1600
Chesapeake	"	238
Mill Creek	"	681
Hampton	"	852
Yorktown	"	162
St. James	New Orleans, La.	300
Marine	" " "	1200
City	St. Louis, Mo.	447
Marine	"	193
Charity	"	85
House of Refuge	"	719
Good Samaritan	"	186
Benton Barracks	"	106
Convalescent	"	1021
Jefferson Barracks	Missouri	1049
Jefferson City	"	100
Springfield	"	251
Keokuk	Iowa	1590
Quincy	Illinois	423
General Hospital, No. 1.	Louisville, Ky	145
" " 2.	" "	183
" " 3.	" "	158
" " 4.	" "	227
" " 5.	" "	116
" " 6.	" "	184
" " 7.	" "	125
" " 8.	" "	184
" " 9.	" "	125
" " 10.	" "	129
" " 11.	" "	183
" " 12.	" "	149
" "	Columbus, Ky	73
Floating Hospital	" "	20
Paducah	Kentucky	214
Bardstown Road	"	80
Greenup street	Covington, Ky	61
U. S. Hospital	" "	178
Seminary	" "	280
Union City	Tennessee	60
Memphis	"	676
Jackson	"	561
General Hospitals, (5.)	Evansville, Ind.	1070
Marine	Cincinnati, Ohio	62
Third street	" "	61
West End	" "	86
Camp Dennison	" "	1583
Washington Park	" "	228

The number of General Hospitals is thus seen to be 150, and the total number of patients in them, 58,715.

During the past year the health of the troops has been remarkably excellent. No epidemics of any severity have appeared among them, and those diseases which affect men in camp have been kept at a low minimum. Scurvy has been almost entirely prevented, and yellow fever, from which much was feared, has had but few victims. This immunity is due to the excellent hygienic arrangements instituted, and to the cordial manner in which Generals in command have co-operated with the proper authorities.

In an army of the size of that now maintained by the United States, it was of course to be expected that the absolute number of sick would be very large, and the important battles which have been fought have thrown a large number of wounded on the care of the Department. At present the total number under the charge of officers of the Medical Department is not short of 70,000, and immediately after the battle of Antietam it was over 90,000. That this large number could be provided for without some cases of unnecessary suffering occurring, would perhaps be too much to expect; but I must commend the Medical Corps, both of the Regular and Volunteer service, for the faithful and efficient manner in which their duties have been performed. In the discharge of their duties Medical Officers have been very much aided by the contributions of the people of the country, and by the efficient co-operation of the Sanitary Commission and Relief Associations.

In addition to providing the sick and wounded with medical attendance and medicines, much has been done by the Department in furnishing food, clothing, and comforts of various kinds. From much observation, both at home and abroad, and from the concurrent testimony of distinguished foreign medical officers, I am satisfied that never before were the sick and wounded of an army so well cared for as are those who have suffered for their country in the present rebellion. The hospitals, I take pride in saying, are a credit to the nation.

Before the several medical boards in session during the year (from July 1st, 1861, to June 30th, 1862), a large number of applicants for appointment in the medical staff of the Army were invited by the Secretary of War. Of these sixty-six candidates duly presented themselves. Thirty-three of this number were approved, and five rejected; the remaining twenty-eight withdrew, one on account of physical disqualification. Before the same Boards eleven Assist. Surgeons were examined for promotion, nine of whom were found qualified, and two not considered as coming up to the standard of merit required. In the examination by these Boards, the standard of attainments required for success was much lowered, the Board in New York being ordered to examine two candidates each day for the regular army, while the examination of candidates for the appointment of Surgeon of Brigade became little more than a farce. Since the 1st of June last, however, the standard of examination has been raised, and the gentlemen now entering the Medical Staff have been found fully competent to undertake the important trust with which they are charged.

The breaking out of the rebellion found the United States Army with a Medical Department arranged for a peace establishment of 15,000 men. Experience soon demonstrated the fact, that, however efficient its officers might be, the organization was such as to ill adapt it to the necessities of a large force in time of war. Partial progress in the right direction was made by Congress in increasing the rank of the Surgeon-General, adding a limited Inspecting Corps, and increasing the number of Surgeons, Assist. Surgeons, Medical Cadets, and Hospital Stewards. The Department was also placed on a more independent footing, and its whole status elevated. But there are still other measures, which, if adopted, cannot fail to add to the efficiency of the Department, and these I desire to urge through you on the attention of Congress.

First among these is the establishment of a permanent Hospital and Ambulance Corps, composed of men specially enlisted for duty in the Medical Department, and properly officered, who shall be required to perform the duties of nurses in the hospitals, and to attend to the service of the ambulances in the field. By the establishment of this corps several thousand soldiers, now detached as nurses, cooks, etc., would be returned to duty with their regiments, and the expense now incurred by the necessary employment of contract nurses obviated. A corps formed upon the basis of two men to each company in service, organized into companies of 100 privates, with one Captain, two Lieutenants, four Sergeants, and eight Corporals to each company, would relieve the line of the Army from all details for the Medical Department, and enable the Department to render far more efficient services to the sick and wounded than it is capable of affording under the present system. The necessity of such a corps has been recognised in all European armies, and I am able to speak from personal observation of the great advantages to be derived from it.

I regard an increase of the Medical Corps, both of the regular and volunteer forces, as absolutely necessary. The law of Congress, approved July 2d, 1862, provides sufficiently, except for Cavalry and Artillery regiments, for the wants of troops in the field, but the service in hospitals has to be filled to a great extent by the employment of contract physicians. I therefore recommend that the Medical Corps of the Regular Army be increased by twenty Surgeons and forty Assist. Surgeons, and the Staff Corps of Volunteer Medical Officers by fifty Surgeons and two hundred and fifty Assist. Surgeons. This last Corps now consists of 200 Surgeons and 120 Assist. Surgeons. The Cavalry and Artillery organization requires Medical Officers as much as Infantry. The omission on the part of Congress should be supplied; a Surgeon and two Assist. Surgeons should be authorized for each regiment of Cavalry, and for each regiment of heavy Artillery, and an Assist. Surgeon to each Light Battery.

Under the First Section of the Act of June 30th, 1834, Assist. Surgeons of the regular army must have served five years before being eligible for promotion as Surgeon. On the 1st of November there were but six Assist. Surgeons in the army who had served five years. The effect of this law will be to prevent the filling of vacancies which may occur in the grade of Surgeon, and I therefore recommend that so much of said section as requires Assist. Surgeons to serve five years as such, before being eligible to Surgeoncies, be repealed.

The number of Medical Cadets is altogether too small for the necessities of the service. I therefore recommend that authority be given to appoint as many as may be required, in accordance with existing laws on the subject.

The institution of a Medical Inspecting Corps has been productive of excellent results. The number of Inspectors authorized is, however, too limited to enable the service to be as efficiently performed as is desirable. I therefore recommend that two Inspectors General and eight Inspectors be added to the present organization. The authorization of an additional Assist. Surgeon-General would also be a measure of great propriety.

Considerable progress has been made in the establishment of an Army Medical Museum. The advantages to the service and to science from such an institution cannot be over-estimated. I respectfully recommend that a small annual appropriation be made for its benefit.

An Army Medical School, in which Medical Cadets and others seeking admission into the Corps, could receive such special instruction as would better fit them for commissions, and which they cannot obtain in the ordinary medical schools, is a great desideratum. Such an institution could be established in connexion with any General Hospital, with but little if any expense to the United States. A hospital of a more permanent character than any now in this city is, I think, necessary, and will be required for years after the present rebellion has ceased. I therefore recommend that suitable buildings be purchased or erected for that purpose. If this is done the Medical School and Museum will be important accessions to it.

Experience has shown that a most useful class of officers was authorized by the Act relative to Medical Storekeepers.

The number now authorized is too small. They could very properly perform the duties of medical purveyors, now performed by medical officers, and thus officers who have been educated with special reference to service as physicians and surgeons, and who are now acting as medical purveyors, would be enabled to resume their proper duties. I therefore recommend an addition to the medical storekeepers.

At present the washing of clothes in General Hospitals is provided for as follows: One matron is provided for every twenty patients, who receives a compensation of six dollars per month and one ration. Great difficulty is experienced in large General Hospitals in procuring a sufficient number of matrons to perform this duty, and I have the honor to propose that, instead of this now unreliable plan, a sum of money, equivalent to the pay and allowance of a matron, say twelve dollars for every twenty patients, be monthly allowed to every General Hospital, to be appropriated for laundry purposes at the discretion of the Surgeon in charge, whether to the payment of matrons or the payment of bills for washing by steam or otherwise.

The 10th Section of the Act approved July 17, 1862, gives additional rank to officers of the Adjutant Generals, Quartermasters, Subsistence, and Inspector Generals Department who are serving on the Staff of Commanders of Army Corps. There is, I think, manifest propriety in extending the provisions of this Act to the officers of the medical department who may be on duty with such command as medical directors, and I respectfully ask for such extension.

The Engineer and Ordnance Departments are charged with the erection of buildings which requires special knowledge. The building of hospitals also requires knowledge of a peculiar character, which is not ordinarily possessed by officers out of the medical department. It would therefore appear obviously proper that the medical department should be charged with the duty of building the hospitals which it is their duty to administer.

In the matter of transportation the interests of the service require that the medical department should be independent. Much suffering has been caused by the impossibility of furnishing supplies to the wounded, when those supplies were within a few miles of them in great abundance.

The establishment of a laboratory, from which the medical department could draw its supplies of chemical and pharmaceutical preparations, similar to that now so successfully carried on by the medical department of the Navy, would be a measure of great utility and economy. I therefore respectfully recommend that authority be given for this purpose.

In regard to the age at which recruits are received into service a change is imperatively demanded, both for the interest of the Army and the welfare of individuals. The minimum is now fixed at eighteen years, and it is not uncommon to find soldiers of sixteen years old. Youths of these ages are not developed, and are not fit to endure the fatigues and deprivations of military life. They soon break down, become sick, and are thrown upon the hospitals. As a measure of economy I recommend that the service age of recruits be fixed by law at twenty years.

The present manner of supporting the cartridge-box is productive of hernia or rupture. Many instances in support of this statement have occurred since the commencement of the rebellion, and reports on the subject are frequently received from medical officers. I recommend that, instead of being carried by a belt around the waist, the cartridge-box be supported by a shoulder-strap. This would entirely obviate the evil.

At the last session of Congress the sum of two millions of dollars was appropriated for the relief of discharged soldiers. I recommend that one million of dollars of this sum be set aside for the establishment of a permanent home for those who have been disabled in their country's service. This measure is one of such importance that I forbear entering into details at this early period. An establishment of the kind organized upon an approved plan would be productive of incalculable benefit.

Soon after my appointment I issued circulars to medical officers, inviting them to co-operate in furnishing materials for a Medical and Surgical History of the Rebellion. A large number of memoirs and reports of great interest to medical science, and military surgery especially, have been collected, and are now being systematically arranged. The greatest interest is felt in this labor by the medical officers of the Army and physicians at large.

The reorganization of the Medical Department necessitated a new set of regulations for its guidance. Under your orders a Board has been in session preparing a new code. Their labors have been very much interfered with by the necessity of detailing them, from time to time, for more imperative duties, but I expect to be able to submit to you, in a short time, a complete set of regulations for your approval.

I have deemed it my duty, with your sanction, to visit, from time to time, the hospitals and armies of the eastern portion of the country. I have thus been enabled to make myself acquainted with their sanitary condition and medical wants. I hope, ere long, to be able to extend these inspections to the west.

A uniform diet table for General Hospitals has been prepared with great care, and promises to work advantageously.

Large depôts of medical supplies have been established at New York, Philadelphia, Baltimore, Fortress Monroe, Washington, Cincinnati, Cairo, St. Louis, and Nashville, which have proved of incalculable advantage to the sick and wounded. Moreover, large sums have been saved by the accumulation of stores before the recent advance took place.

In terminating my report, I desire to express the hope that the labors of the Officers of the Medical Department may be made more and more worthy of the high mission which has been confided to them.

I am, Sir, very respectfully, your obt. servt.,
William A. Hammond,
Surgeon-General.

Hon. E. M. Stanton,
Secretary of War.

GENERAL ORDERS.—No. 36.

War Department, Adjutant general's Office,
Washington, April 7, 1862

1. The General Hospitals are under the direction of the Surgeon-General. Orders not involving expense of transportation may be given by him to transfer Medical Officers or Hospital Stewards from one General Hospital to another, as he may deem best for the service.

2. The Chief Medical Officer to whom the charge of all the General Hospitals in a city may be intrusted, will cause certificates of disability to be made out for such men as, in his judgment, should be discharged. He will be responsible that the certificates are given for good cause, and that they are made in proper form, giving such medical description of the cases, with the degree of disability, as may enable the Pension Office to decide on any claim to pension which may be based upon them. The certificates of disability will be signed by the Chief Medical Officer and forwarded by him to the Military Commander in the city, who shall have authority to order the discharge and dispose of the case according to existing regulations.

3. The final statements, and all the discharge papers, will be made out under the supervision of the Military Commander, and signed by him. Where the men are provided with their descriptive rolls there will be no delay in discharging them after their certificates of disability are acted on. But if they have no descriptive rolls, application will be made to the Company Commander for the proper discharge papers, and the men may be maintained at the hospital a reasonable time while awaiting them, to avoid their being turned off without means of support. The

discharge will, in all cases, bear the date when the papers are actually furnished to the soldier.

4. When a man is received in any hospital without his descriptive roll, the fact will be immediately reported by the Medical Officer in charge to the Military Commander, who will at once call on the Company Commander, in the name of the Secretary of War, promptly to furnish the military history of the man, and his clothing, money, and other accounts with the Government.

5. When too long a delay would arise in discharging the man because of the remote station of his company, application will be made by the Medical Officer to the Adjutant General for such account of the man as his records will furnish. To this partial descriptive roll the Medical Officer will add the period for which pay is due the man since his entry into the hospital. The man will then be discharged and receive the pay and travelling allowances thus shown to be due him, leaving the balance due him on account of clothing, retained pay, &c., for settlement in such manner as may hereafter be determined.

6. The Military Commander's duties, in reference to all troops and enlisted men who happen to come within the limits of his command, will be precisely those of a commanding officer of a military post.

7. It is made the duty of each Military Commander to correct, as far as may be in his power, the evils and irregularities arising from the peculiar state of the service at this time, by collecting stragglers and sending them forward to their proper stations, or discharging them on certificates of disability, if, on examination by the Chief Medical Officer, they be found unfit for the service.

8. The Military Commander in each city will have control of such guards as may be furnished to preserve discipline and good order at the several military hospitals. He will advise the Adjutant General of the Army what number of companies will be required for such guards. He will cause them to be properly posted, relieved, and instructed.

9. Whenever the Chief Medical Officer shall report a number of patients as fit to join their Regiments, the Military Commander will give the necessary orders to have them forwarded in good order and under suitable conduct.

10. The chief Medical Officer in each city is authorized to employ as cooks, nurses, and attendants, any convalescent, wounded, or feeble men, who can perform such duties, instead of giving them discharges.

11. All officers and enlisted men of Volunteers who are on parole not to serve against the rebels, will be considered on leave of absence, until notified of their exchange or discharge. They will immediately report their address to the Governors of their States, who will be duly informed from this office as to their exchange or discharge.

12. The duties of Military Commander, as above defined, will devolve, *in the District of Columbia*, on the Military Governor; *in the City of Baltimore*, on the Commander of the Middle Department; *in the City of Philadelphia*, on Lieutenant Colonel H. Brooks, 2d Artillery, hereby assigned to that station; *in the City of New York*, and the military posts in that vicinity, on Brevet Brigadier-General H. Brown, Colonel 5th United States Artillery.

By order of the Secretary of War.

L. Thomas, Adjutant General.

Adjutant General's Office,
August 26, 1862.

Note to Par. 5:

"In cases where too long a delay would arise in discharging a man because of the remote station of his Company," and when no descriptive list, or partial descriptive list, can be obtained from this office, the men referred to will be discharged under this order, and an order given them on the Quartermaster's Department for transportation to their homes. This order will be signed by the same officer who signs the discharge. The Quartermaster's Department will furnish transportation to such men, upon the presentation of this order, requiring them also to show their discharge.

By order of Major General Halleck.

E. D. Townsend, Assistant Adjutant-General.

Note 2d to Par. 5:

The sentence "To this partial descriptive roll the Medical Officer will add the period for which pay is due the man since his entry into the hospital," will be understood to give him pay *on this final statement* from the muster *next preceding* his entry into the hospital until the date of his discharge.

Official:

Assistant Adjutant General.

Changes, etc., during the Week.—Leave of absence has been granted to following named medical officers on surgeon's certificate of disability.

Ass't Surgeon T. C. Wallace, 93d New York Vols., for twenty days.

Surgeon A. P. Dalrymple, U. S. Vols., for thirty days.

Surgeon J. T. Webb, 23d Ohio Vols., for twenty days.

Leave of absence for thirty days has been granted Ass't Surgeon G. H. Knapp, 61st Illinois Vols., subject to the approval of the Commanding Officer, Department of the Tennessee.

Ass't Surgeon John S. Pashey, 51st Illinois Vols., has been mustered out of service for absence without leave.

Surgeon N. F. Marsh, 4th Pennsylvania Cavalry, has been honorably discharged the service of the United States on account of disability.

Surgeon G. L. Pancoast, U. S. Vols., has been assigned to duty as Medical Director, 3d Army Corps.

Surgeon J. B. Peale, U. S. Vols., as Acting Medical Inspector, 11th Army Corps.

Surgeon A. C. Hamlin, U. S. Vols., as Medical Director, 11th Army Corps, relieving Surgeon George Rex, U. S. Vols., who has reported to the Surgeon General in person for duty.

Surgeon G. D. Beebe, U. S. Vols., as Medical Director of the Centre, Army of the Cumberland.

Surgeon Howard Culbertson, U. S. Vols., to duty in charge of General Hospital, Rolla, Mo.

Surgeon C. McDermont, U. S. Vols., as Medical Director, Right Wing, Army of the Cumberland.

Surgeon G. M. Kellogg, U. S. Vols., as Medical Director, 2d Kanawha District, Gauley, Va.

Surgeon E. F. Sanger, U. S. A., to duty at Fort Jackson, La.

Dr. John D. Johnson, to duty at the Newton University, Baltimore, Md.

Surgeon C. W. Jones, U. S. Vols., has been relieved from duty in the Medical Director's Office, Baltimore, Md.

Ass't Surgeon J. S. Watts, 4th Michigan Vols., has been ordered to rejoin his regiment without delay.

Ass't Surgeon Warren Webster, U. S. A., has been placed on duty in the Office of the Medical Director of the Army of the Potomac.

Ass't Surgeon G. L. Porter, U. S. A., to duty with the 5th U. S. Cavalry.

Ass't Surgeon L. M. Eastman, U. S. A., to duty with the 1st U. S. Cavalry.

Ass't Surgeon Samuel Adams, U. S. A., to duty with 8th U. S. Infantry.

The General Hospital at Corinth, Miss., was discontinued on the 3d inst., and that at Iuka on the 12th inst. These Hospitals were under charge of Surgeon Norman Gay, U. S. Vols., and occupied by wounded Confederate prisoners, who were transferred to Lagrange, Tenn.

The Surgeon-General returned on the 18th inst. from Philadelphia, Pa., where he was on duty connected with the Purveying Department.

Medical News.

RESOLUTIONS ON THE DEATH OF DR. FRANCIS R. LYMAN.

Harewood Hospital, Nov. 14, 1862.

At a meeting of the medical officers of this hospital—Act. Assist. Surgeon N. C. Stevens, Prest., Act. Assist. Surgeon M. A. Hanly, Sec.—Act. Assist. Surgeons Dorsey, Bowen, and Olden were appointed a Committee to draft resolutions expressing regret at the decease of our late associate Act. Assist. Surgeon F. R. Lyman, of Chenango county, New York.

Whereas, It has pleased Almighty God, in his inscrutable wisdom, to remove from our midst our much esteemed colleague, Act. Assist. Surgeon Lyman: therefore—

Resolved, That in the vacancy caused in the Medical Corps of this Hospital by his death, the said Corps has lost one of its most efficient officers, both professionally and executively, and one whose courteous demeanor was highly appreciated by his medical associates.

Resolved, That we, the Medical Officers of this Hospital, deeply sympathize with his relatives in their affliction, and express our regret at his removal by death.

Resolved, That a copy of these Resolutions be sent to his family, and that they be published in the American Medical Times, and the *Chenango Courier*.

N. C. Stevens, *President.*
M. Abbott Hanly, *Secretary.*

TO CORRESPONDENTS.

The following Communications have been received, and will appear as early as our space will allow:—Dr. James Bryan, U.S.A., Washington; Dr. John O'Reilly; Dr. Ezra M. Hunt, Surgeon to Culbert Hospital, Baltimore; Dr. Henry M. Lyman, Act. Assist. Surgeon, Nashville, Tenn.; Dr. T. B. Townsend, New Haven, Conn.; Dr. Hanford N. Bennett, Bridgeport, Conn.; Dr. Rufus King Browne, U.S A., New Orleans; Dr. Samuel L. Frank, Wurzburg, Germany; Dr. H. A. Potter, Geneva, N. Y.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 8th day of December to the 15th day of December, 1862.

Deaths.—Men, 84; women, 77; boys, 112; girls, 78; total, 351. Adults 161; children, 190; males, 196; females, 155; colored, 3. Infants under two years of age, 105. Children born of native parents, 27; foreign, 142.

Among the causes of death we notice:—Apoplexy, 1; infantile convulsions, 17; croup, 35; diphtheria, 17; scarlet fever, 13; typhus and typhoid fevers, 6; consumption, 46; small-pox, 1; measles, 5; dropsy of head, 10; infantile marasmus, 15; cholera infantum, 0; inflammation of brain, 16; of bowels, 3; of lungs, 11; bronchitis, 9; congestion of brain, 10; of lungs, 11; erysipelas, 3; diarrhœa and dysentery, 9. 190 deaths occurred from acute diseases, and 35 from violent causes. 227 were native, and 124 foreign; of whom 83 came from Ireland; 29 died in the City Charities; of whom 10 were in Bellevue Hospital, and 3 died in the Immigrant Institution.

Abstract of the Atmospherical Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Dec. 1862	Barometer. Mean height.	Barometer. Daily range.	Temperature. Mean	Temperature. Min.	Temperature. Max.	Difference of dry and wet bulb. Thrm. Mean	Difference of dry and wet bulb. Thrm. Max.	Wind.	Mean amount of cloud.	Humidity Sat'tion, 1000
	In.	In.	°	°	°	°	°			
8th.	30.11	.20	19	11	26	5	7	S.W.	2.7	620
9th.	30.20	.10	28	23	33	5	7	S.W.	2	631
10th.	30.14	.10	31	24	33	6	9	S.W.	.07	600
11th.	30.05	.04	39	34	44	5	7	S.W.	.04	630
12th.	30.00	.03	44	35	53	7	10	S.W.	.03	597
13th.	30.24	.20	42	36	48	4	7	N.E to S.E	6	740
14th.	30.07	.14	46	40	52	4	7	S.	6	750

Remarks.—8th, Wind fresh A.M., cloudy P.M. 9th, Wind fresh A.M., clear day P.M. 10th, Wind fresh A.M., clear day P.M. 11th, Wind fresh A.M., clear day P.M. 12th, Wind fresh A.M., clear day P.M. 13th, Wind S.W. early; sky variable A.M., very light rain P.M. 14th, Fog early; cloudy A.M., clear P.M.

ON THE ANATOMY OF THE BREAST.

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NEW BOOKS.

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Lectures on the Distinctive Characters, Pathology, and Treatment of Continued Fevers. By Alexander Tweedie, M.D. 8vo. London, 1862. $5.40.

On Diseases of the Chest, including Diseases of the Heart and Great Vessels: their Pathology, Physical Diagnosis, Symptoms, and Treatment. By H. W. Fuller, M.D. 8vo. London, 1862. $6.00.

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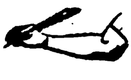

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LECTURE II.

General Remarks on Wounds.

Gentlemen:—Before we consider the wounds of the different parts of the body, and the regimental surgeon's duties with regard to them—for, bear in mind, we have not yet arrived at the treatment of the wounded, we still have under consideration your duty on the battle-field—I say, before we come to the wounds of the different parts, we have a few remarks yet to make which refer equally to all wounds.

1. *Primary Hæmorrhage.*—Where you have a wound from which life is rapidly ebbing away, of course no time is to be lost to arrest it. Fortunately the cases are rare; if they do occur the best is to enlarge the wounds, and tie both ends of the wounded artery; the next best is to tie the artery as nearly as possible above the wound, where the anatomical relations are not disturbed by the wound, and the artery therefore is easier found; in the upper extremity this procedure promises less on account of the fewer anastomoses than in the lower. If in consequence of much laceration it is difficult to get at the artery, or if you are not confident to undertake such an operation under the circumstances, then put a thick compress over the wound, and apply a roller around the limb; you will thus fill the wound with coagulated blood, and stop the opening in the bleeding vessel; you may then apply a tourniquet loosely between the wound and the heart, with directions to tighten it if hæmorrhage should recur in the ambulance wagon; if the man is able, you may advise him to assist by gentle pressure of his own hand over the wound. You should also be careful not to place such a limb in a dependent position, but elevate it as much as you can conveniently to the patient.

2. *Collapse.*—Many wounded, especially those who have been struck by heavy missiles, cannon balls, or pieces of shell, will be brought in in a state of collapse from the shock. Let them be laid down with the head not much elevated, cover them up warm, give them hot drinks, if any are on hand, and give them brandy or whiskey; as soon as they have recovered from the shock, if any operative interference is necessary, administer chloroform, which experience has shown to be well borne by those recovering from collapse, its action being rather stimulating, only observe the precaution that it is advisable in these cases not to carry anæsthesia to the full extent.

3. *Pain.*—It is remarkable that men struck down in battle rarely suffer much pain at first. The excitement of the moment, the rapidity with which the injury is inflicted, and the crushing transit of the missile through the parts, which lowers or destroys innervation, may explain the frequent absence of pain. Yet there are exceptions to this rule, and you will occasionally encounter wounded in a high state of nervous excitement and exaltation, who complain of the most acute and exquisite pain, much more than under ordinary circumstances such a wound would lead you to suppose. This may arise, as I have said just now, from an excited and exalted state of the nervous system, or may be from the laceration and irritation of some nerve fibres by a splinter of bone or some other foreign body. In these cases it is best to allay the excitement by a full dose of morphine, 10 or 15 drops of Majendie's solution, and the pain by sprinkling gr. ¼ or gr. j. of morphine directly into the wound, which will in most cases act like a charm, allaying the pain immediately; yet where the excessive pain depends upon the irritation of some lacerated nerve fibre, this relief may be only temporary. You should therefore furnish a little dry morphine to the attendant on the ambulance, with direction to repeat the local application if required.

4. *Examination of the Wound.*—The wounds must first be cleaned of dirt or dust which may have got into them in falling, then a gentle examination should be made with the finger to feel for the bullet or other foreign substances, such as pieces of cloth, pieces of accoutrement, or loose splinters of bone, all of which, if it can be done with ease, should be removed, but only when, as I say, it can be done with ease. Do not poke and probe too much in the wound. Especially let me warn you against the use of the ordinary fine silver probe, where the wound is too deep to reach the bottom with the finger. Let me recommend to you the use of a full sized leaden bougie. That is the best probe for gunshot wounds, and upon my advice Mr. Tiemann puts it now into all his army cases. Examine the clothing where the ball has passed through to see whether it is simply perforated, or whether pieces have been, as it were, punched out. Do not throw away any part of the clothing, but send it with the wounded to the hospital, because a careful examination of it may, in many cases, throw much light upon the character of the injury.

Lastly, it is very desirable that you should write down the result of your examination, and an account of what you have been doing, and let it go with the wounded; it will be an important guide to the surgeon who afterwards takes charge of the case, and it is a record of the manner in which you have fulfilled your duties, which will give your superiors a measure of your ability, and will be the best claim to promotion.

Wounds of the Head.—We sometimes meet with large scalp wounds, either from a sabre cut or a passing heavy projectile, large flaps of the scalp being detached; in these cases do not cut away the flap, even if it is only connected by a narrow bridge. First of all, it is the best covering you can put on the denuded bone; and secondly, because on account of the vigorous innervation and circulation in the parts, these almost detached flaps will in most instances adhere again; but do not fasten the flap with many sutures, because in the aponeurotic tissues of the scalp they increase the chances of erysipelatous inflammation. To prevent the flap from contracting and curling up, you may put one or two stitches in the angles, but these stitches must only pass through the cutis, and not through the galea. If the bones of the skull are fractured, and the ball has penetrated into the substance of the brain, make a careful investigation with the finger, but do not poke much about in the brain, and remove only such splinters as are quite loose. It is astonishing what little disturbance of any kind often a ball in the brain will produce; the men will not believe they are hit, they think they have stumbled and hurt themselves in falling. I saw at one of the hospitals at Fortress Monroe a man who had a round hole in the middle of the left side of the os frontis; he was walking about the hospital, had a good appetite, and was well and cheerful; he insisted that the ball had not penetrated, but had fallen out again into his hand, and that he threw it away. After a few days he began to complain of headache, became heavy, and at last comatose; the wound was examined, and a large ball extracted from the anterior lobe of the brain, which, at the post-mortem examination, was found to be very extensively disorganized. I do not believe the man would have lived as long as he did, if the ball had been extracted at once. If you put a man with a ball in the brain in an ambulance wagon, you must give special instruction to the driver to drive carefully. Stromeyer relates cases where such, being apparently quite well, were seized with violent convulsions as soon as the ambulance moved off—probably in consequence of the displacement of the heavy ball in the soft brain substance.

Apply a simple bandage to the head. I have seen in the French medical field chests a supply of six nightcaps for the purpose. Now, first, I do not like the idea of nightcaps, and then the military surgeon should not accustom himself to depend upon such ready-made bandages. You can make a better and simpler bandage by taking a piece of muslin 30 inches by 14, tear lengthwise on each side, and on each end a strip of 2 inches wide to within 3 inches of the middle; then bring the two wide middle flaps under the chin, and the four narrow outside ones around the head, two from behind forwards, and the other two from the front backwards. (The Professor then showed the class the application of this bandage.)

In Wounds of the Face you should remove no splinters of bone, unless easily detached; it is better to let them come away by suppuration, because then the periosteum is preserved, and the subsequent deformity less.

In Wounds of the Neck it is very desirable to remove the ball at once, because it is very apt to travel through the loose cellular tissue, along the course of the muscles, and lodge either upon the apex of the pleura or descend into the mediastinum, and thus give rise to grave consequences.

Wounds of the Chest.—Penetrating wounds of the chest, with lesions of the thoracic organs, constitute probably the majority of the immediately fatal wounds; but where they do not prove immediately fatal, experience has shown that the prognosis is not so bad as you might be led to suppose, and as even good authorities, such as for instance Dupuytren, formerly believed; a very fair proportion of them will recover. The prognosis is much more favorable than in penetrating wounds of the abdomen with lesion of the abdominal organs. I think it is quite as good as in gunshot wounds, with fracture in the knee-joint, or fracture of the femur.

Penetrating Chest Wounds are generally accompanied by severe shock, great difficulty of breathing, spitting of blood, and the passage of air through the wound; they are exceedingly perplexing to the surgeon, and call for the coolest exercise of good judgment. Make careful digital examination, and remove all splinters and other foreign substances. If part of the lung protrudes—which, however, is rare, as in most cases the lung collapses, but if it does—reduce it; it has been advised not to reduce it further than the level of the ribs, so as to let it close the wound—but I think that is putting rather too fine a point on it. The most important question is with regard to closing the wound, and authors do not agree on this point. The rules which must guide you, however, are simple:—If there is no outward hæmorrhage, and you ascertain by percussion that there is no internal hæmorrhage into the sac of the pleura, but if there is much difficulty of breathing, then close the wound as firmly as you can; but if there is hæmorrhage, leave the wound open to prevent the collection of blood in the pleural sac, which may threaten suffocation; if, however, on the other hand, the hæmorrhage is so profuse as to threaten immediate fatal consequences, then, again, you must run the risk of suffocation, close the wound, let the blood accumulate in the pleural sac, and give your patient the chance of having the hæmorrhage arrested by the pressure of the accumulated blood.

* * *

Ovariotomy may be truly said to be the operation on the order of the day. Mr. S. Wells, on showing some ovarian tumors at the Pathological Society, remarked that "although last session he reported twelve cases with seven deaths, he could now say that, reckoning the above recent cases, the last nine were successful operations." On the 15th Oct., Mr. Bryant removed a large ovarian cyst from a woman in Guy's Hospital. The patient has, we understand, gone on well to a recovery, no bad symptom having appeared. Another operation of this nature has been performed at St. Bartholomew's, and one some few weeks ago at St. George's hospital. In France, also, in all quarters, ovariotomists are springing up. Dr. Lee, in his forthcoming paper at the Medico-Chirurgical Society, will, we doubt not, blow a counterblast to the proceeding; but one which, in the present mind of the profession, will be as unavailing as was the trumpet of King James against the smoking of tobacco.—*Brit. Med. Jour.*

Original Communications.

CASE OF
LIGATION OF THE SUBCLAVIAN ARTERY.

By HANFORD N. BENNETT, M.D.,

OF BRIDGEPORT, CONN.

A young man, 20 years of age, residing in the town of Stratford, while playing with a lad, was accidentally stabbed with a long narrow knife, the point of which entered upon the posterior and outer face of the left arm, a short distance above the insertion of the deltoid, passing directly upwards and inwards, a distance of at least three inches, the edge of the knife being turned towards and running close upon the bone. My friend, Dr. James Baldwin, of Stratford, was immediately called, as the hæmorrhage was profuse. Upon his arrival the patient was already faint from loss of blood, and it was not difficult at this time to arrest the bleeding. A roller was very judiciously applied the whole length of the limb, and a firm compress over the wound. This precaution was taken as the blood appeared to be arterial, and Dr. Baldwin is quite positive that at this time there was no pulsation in the radial artery, leading him to suspect that this vessel was wounded. The hæmorrhage remained quiescent several days, when it again broke out with renewed force, and unmistakably arterial. At this stage of the case I first saw the patient. The whole limb was now swollen, the arm being to a considerable extent infiltrated with blood, while the forearm and hand were œdematous. I proposed, before resorting to operative procedures, to try the application of persulphate of iron, which was approved by the attending physician, and the wound was filled with this powerful styptic—compression being continued as before. The hæmorrhage had now another period of quiescence, and the swelling of the limb materially lessened, but upon the eighth day after the application of the styptic, bleeding again commenced, with still greater violence, and was with much difficulty arrested by compression. The limb immediately swelled again, and the œdema of the forearm and hand was greater than before. The patient was now suffering the constitutional effects of loss of blood—his face was blanched, his appetite poor, and his pulse frequent and feeble. I believed it high time to secure the patient from further hæmorrhage, if possible, and with this view proposed to ligate the subclavian artery. An attempt to tie the wounded vessel by following the incision (only three-fourths of an inch in width), would involve the muscles of the arm to an unwarrantable extent, and perhaps also important nerves. It was quite uncertain as to what artery had been severed or *wounded*, and the anastomoses about the shoulder being quite free, I believed the ligation of the subclavian to be the most judicious method of treatment. I was not aware, either theoretically or *practically*, that the ligation of arteries at a distance from the seat of the wound, sometimes fails, the hæmorrhage returning after a longer or shorter period; but this fact seemed to me to indicate the tying of the artery at that point which would most effectually restrain the circulation.

I proceeded to the operation (Oct. 12, 1862), assisted by Dr. Baldwin. No details are necessary, as the vessel was tied in the usual manner and place, just without the scaleni muscles. The infiltration of blood and the œdema disappeared almost entirely within forty-eight hours, and the temperature of the limb was easily maintained by an envelope of flannel. The ligature came off on the thirteenth day, the operative incision being nearly healed. The original wound also began to cicatrize, and was firmly closed at the end of three weeks after the operation. No pulsation is yet visible in the radial or ulnar arteries, although the man is in good health, and pursuing his ordinary avocation.

Nov. 8, 1862.

NEURALGIA

TREATED BY ENORMOUS DOSES OF SULPHATE OF MORPHINE.

By T. B. TOWNSEND, M.D.,

OF NEW HAVEN, CONN.

In the month of August, 1861, a patient presented himself under the following circumstances:

The patient was 5 feet 10 inches in height, weighed 200 lbs., muscular system in a perfectly normal condition. Alimentary canal performing its functions naturally and regularly.

Notwithstanding this plethoric and robust condition of body, he suffered from an intense pain in the region of the left shoulder, extending down the arm, and dating back about four weeks to its commencement.

Since early childhood he has been in the enjoyment of perfect health, and even at the first visit, although I made a careful examination of his case "cap-à-pie," nothing of an abnormal nature could be detected, aside from a natural depression, resulting from the severe pain and disturbed rest. Neuralgia suggested itself, and a subsequent train of symptoms has without doubt substantiated the diagnosis.

The excessive and almost continued pain, with its natural interference with sleep, had for the four weeks previous to his visit reduced his weight from 215lbs. to 200lbs. Having employed the sulphate of morphine in several cases of neuralgia hypodermically with complete success, I had no hesitation in administering it immediately.

The one-eighth of a grain thrown under the skin produced no perceptible effect; but when increased from one-half to one grain the pain immediately subsided, and the arm, which was powerless before the introduction, was able to perform its proper functions wholly unimpaired, during a period of 24 hours.

Upon a recurrence of the pain a reintroduction was necessitated, followed by the entire disappearance of the neuralgia. The appetite, which was slightly impaired, returned, and the system generally recuperated, and thus the case continued for about four months, the injections not exceeding five grains of morphine in the twenty-four hours.

During this period of four months the sulphate of quinine in large doses, the salts of iron, arsenic, iodide, potass, strychnia, stramonium, cannabis indica, ammonia muriatis, etc. etc., were employed, but without any perceptible benefit. In fact, the treatment included illustrations from all the different classes of remedial agents found in the Materia Medica. Up to January, 1862, the neuralgia had been confined mostly to the left shoulder and arm, but at this time a marked change occurred. The pain became more excessive, and extended down the side to the lower extremities, across the abdomen and chest, affecting not only the muscles of the chest, but those of the bronchial tubes, producing strongly marked paroxysms of asthma.

On account of the locality of the disease and its exaggeration, it was necessary to increase the dose to six grains daily, and at last after three convulsions, which lasted about half an hour each, during which time the functions of the sensorium were greatly perverted, and almost entirely suspended, it was necessary to increase to eight grains in the twenty-four hours.

Previous to January, 1862, he has not been confined to the house even for a day, but during the attack connected with the convulsions he was obliged to remain in bed for six weeks.

From the commencement of the disease and throughout its course, there has been no inflammatory action and no symptomatic fever.

In the neighborhood of March 1, 1862, the neuralgia left the limbs and located itself in the diaphragm and back, affecting the muscles of the bronchi but slightly. The contractions of the diaphragm were so violent as to cause the abdomen to assume the dimensions of a female at the sixth month, which subsided immediately after the injection of the morphine, leaving it soft, flat, and normal. The contractions have produced an umbilical hernia (although there was no predisposition), which has attained the size of a hen's egg. Up to the present July, 1862, we find him in the following condition, viz. general health fair, weight 160 lbs., appetite good, pain comparatively slight, and when free from it, *seemingly nearly* as well as ever. The injections are continued once or twice daily, averaging ten grains in the twenty-four hours.

Near the middle of August, 1862, a permanent enlargement of the abdomen was noticed, which gradually increased until November, 1862, when, after failing with the diuretics, hydragogue cathartics, and other agents usually employed, I drew off sixteen quarts of serum of the usual characteristics found in ascites.

This occasioned great relief, and mitigated all the distressing symptoms to such an extent, that he was able to walk out with the aid of an assistant.

His condition Nov. 20, 1862, much emaciation, weight 140 lbs., return of ascites, occasioning pain from pressure. Appetite good, sleeps poorly, pulse weak, constipation, confined to bed, pain of neuralgia excessive, but suppressed by the morphine, of which he takes daily from twenty-five to thirty-five grains, seldom less.

December 2, 1862.—I re-performed the operation of paracentesis abdominis, and drew off about eighteen quarts of serum, of the ordinary character.

This I was prompted to do in order to palliate the extreme dyspnœa, although he was in a very depressed condition. The breathing was relieved, but the pain, which was located in the back, continued. He gradually sank, becoming comatose, and death terminated his horrible sufferings on the fourth instant.

The greatest amount of morphine given in the twenty-four hours, when the suffering was the most acute, was over fifty grains (the morphine being of the first quality). When any attempt (unknown to the patient) was made to reduce the dose, it failed to control the pain, and I have been obliged to gradually increase the strength until (as before stated) over fifty grains have been administered in the course of a day, and that without producing any marked symptoms of narcotism.

The amount of morphine taken during the treatment, extending over sixteen months, is almost fabulous; five thousand grains would not exaggerate it. It never failed to relieve the pain and spasm of the muscles; the latter being often so severe of the recti-abdominalæ, as to assimilate the emprosthotomos of tetanus. The muscular fibres between the lineæ transversæ were so firmly contracted as to form distinct hard tumors the size of a hen's egg. No effect was noticed as attributable to the morphine, with the exception of the immediate and total subsidence of the neuralgia. He had never taken any of the salts of morphia, or preparations of opium, before he was attacked by this malady, and his system gave no evidence of an habitual use of alcoholic stimulants. The appetite continued good throughout the course of the disease, perhaps accountable to the fact that no morphine was taken into the stomach. This case furnishes many valuable points of interest:

1. It illustrates a most formidable and obstinate instance of the disease with which we are obliged to contend. 2. The great tolerance of the system to morphine, and the immense quantity which was given in so brief a time, without perceptibly producing other than a transient effect upon the physical economy. 3. The almost uniform effect of the morphine under all circumstances, and without regard to the parts selected for its administration (for it was injected into almost every region of the body), and the excessive tonic spasms of the diaphragm and recti muscles.

Serjeant-Surgeon to the Queen.—The Queen has been pleased to appoint Cæsar Henry Hawkins, Esq., F.R.S., to be one of Her Majesty's Serjeant-Surgeons in Ordinary, in the room of Sir Benjamin Collins Brodie, Bart., deceased; and James Moncrieff Arnott, Esq., F.R.S., and Richard Quain, Esq., F.R.S., to be Surgeons Extraordinary to Her Majesty.—*Lancet.*

Reports of Hospitals.

CASES AT THE NEW YORK EYE INFIRMARY.

BY HENRY D. NOYES, M.D.

STRABISMUS DIVERGENS: CURED BY BRINGING FORWARD THE RECTUS INTERNUS MUSCLE.—LAGOPHTHALMUS.—ECTROPIUM BY SPASM OF ORBICULARIS.

I.—*Strabismus Divergens; bringing forward of Rectus Internus Muscle.*—John D., Engineer, æt. 25. In early life had *converging* strabismus, and for its relief the internal rectus muscle of the right eye was divided twelve years ago. The operation was not performed as carefully as modern surgery teaches us to do it, and the result was a squint in the opposite direction. The eye rolls outwards so far as to justify the appellation of "luscitas oculi." It appears that the muscle was cut twice by the surgeon, in one week; the first operation being insufficient, the second one superlative Patient has not totally lost control of the eye, but he can turn it no further than to bring the inner edge of the cornea opposite to the middle of the eyelids. The original insertion of the rectus internus is marked by a reddish elevation beneath the conjunctiva. The caruncula lachrymalis has sunk down deeply. Vision is sufficient to discern large objects, but was not accurately tested.

To correct the deformity, simple division of the external rectus was evidently inadequate, and the following operation was undertaken:—The aim of the operation was to give to the divided muscle an attachment to a part of the globe nearer to the cornea, so as to enable it to act at a greater mechanical advantage. The loss of power is due to two causes: first, that the muscle has been shortened, and secondly, that its insertion has slipped backwards. The first fault is irremediable: the way in which the second impairs the power of the muscle is evident on a moment's reflection. The normal insertion of the ocular muscles is a little in front of the equator of the globe. So long as its attachment continues to be at or in front of the equator, a muscle acting alone simply turns the eye about its centre. But where the insertion slips behind the end of the transverse diameter into the posterior quadrant of a great circle, the turning power rapidly diminishes as the sine of the arc grows shorter; at the same time the muscle tends to pull the eye back into the orbit. The muscle is further weakened by the approximation of its origin and insertion, rendering its contractions less efficient.

Operation.—Patient etherized; eyelids separated by the wire speculum. The first step was to find and dissect up the insertion of the internal rectus muscle. An incision a quarter of an inch long was made vertically through the conjunctiva, at the reddish spot above mentioned. The conjunctiva was dissected off the sclerotica, and off the external surface of the muscle, by scissors, for a depth of one-half or three-fourths of an inch. It was accidentally cut through before reaching the muscle. The insertion was sought for by a blunt hook—was found to be composed of a small bundle of fibres, not more than one-fourth the normal breadth. Seizing it with forceps it was separated from the globe and from its surrounding attachments, and loosened, until its extremity could be pulled as far forwards as the edge of the cornea. The next step was exposure of the *external* rectus muscle. A thread armed with a needle at each end was passed twice through the tendon, so that when tied it should include in the loop its whole breadth. The muscle was then severed just behind the thread. In these dissections the wounds made in the conjunctiva were as small as practicable, and the sub-conjunctival areolar tissue divided as sparingly as possible. The reason for this caution is, that the nutrition of the cornea may be perilled by the diminution of its vascular supply—nearly one-half of its blood-vessels are sacrificed at any rate.

By the thread fastened to the tendon of the external rectus, the eye could now be turned inward to the utmost degree. In doing this the divided external rectus could not slip entirely away from the globe, because its lateral attachments to the tunica vaginalis oculi had not been cut; at the same time the internal rectus applied itself to the sclerotica, very near the margin of the cornea.

To maintain this extreme inversion the thread was carried across the bridge of the nose, which was protected by a compress, and fastened by isinglass plaster upon the opposite cheek. The thread, in passing out of the eyelids, pressed upon the border of the upper lid, and to correct this another thread was attached to the middle of the first, like a guy, to pull it down, and fastened by plaster upon the right cheek. The eyelids could be shut completely, and the thread was held tense. April 20.—Patient was kept in bed for ten days, and the thread kept in situ forty-two hours. But little inflammation ensued: lids moderately swollen; external ecchymosis very extensive; general injection of the sclerotic; no chemosis, no pain. Convergence is decided; a fold of conjunctiva projects at inner canthus. Has double vision. May 12.—The redness of eye almost gone; has made use only of cold lotions. The tendon of the external rectus to which the thread was fastened, and the sclerotic into which the tendon was inserted, have sloughed. There is deep venous congestion at this spot. The cornea entirely transparent.

Patient no longer sees double, except when looking far to the right side. When looking straight before him the visual axes are parallel. There is necessarily a decided limitation in the excursion which the eye can perform, but the range of its rotation, so far as it reaches, now corresponds with the other eye. Oct. 3.—The position of the globe remains the same—its correction being perfect—but the arc of rotation is no greater. There is a slight degree of prominence of the eyeball. A black spot marks the original insertion of the external rectus. Patient is much gratified with the improvement of his appearance. Does not have diplopia.

This operation is troublesome to perform, and requires for its success great docility on the part of the patient. The thread ought to be retained in place for twenty-four hours. I kept it in longer because the patient made no complaint of it. When removed after only twelve hours, the muscle has been found to adhere firmly, but the longer the extreme inversion is kept up, the better will the new union bear the strain. There need be no fear of producing permanent converging squint. It is better that convergence should be the immediate result, because the eye will adjust itself in a little time, as the new union stretches.

The same proceeding may be used in cases of paralysis of one of the ocular muscles. The muscle must not have entirely lost its contractility, and the paralysis must be old enough to be sure that no further improvement is to be expected by natural efforts. Bringing forward the paralysed muscle enables it to act at a greater advantage, and the slight weakening of the antagonist which the operation produces, is in favor of the paralysed muscle.

(*To be Continued.*)

Another Impostor.—Prof. Bedford, of New York, writes thus to the *Bost. Jour.*:—"Letters just received from Boston notify me that an accomplished swindler, representing himself as my son, has called on several of the prominent medical gentlemen of that city, and obtained, under his base subterfuge, various sums of money. In one instance, I am informed, he asked for $20, but was requested to accept $40, which he did without compunction. About six months since, an individual of gentlemanly bearing, assuming to be the son of a distinguished professor of Boston, did me the honor of a visit—said he had just arrived from Washington on his way home, was robbed of his purse, and was without the means to take him to Boston. Without hesitation, I gave him the necessary aid, from which no doubt he took comfort. I believe, from what I can learn, that this is the same 'son,' who claims a double paternal ancestry."

American Medical Times.

SATURDAY, DECEMBER 27, 1862.

EVENTS OF 1862.

OUR national history of the current year presents some points of special interest to the profession, and it is fitting that in this concluding number for 1862 we should briefly pass its more important medical events in review.

The civil war, which rages with undiminished violence, has, during the past year, made still further draughts upon the profession. The addition of another assistant surgeon to each regiment drew largely upon the young practitioners of the country, but the corps was promptly filled with, in general, well qualified surgeons. The subsequent immense increase of the army, demanding three surgeons to each regiment, has called from civil life another, and, we believe, a still more competent class of surgeons. This last demand was as promptly complied with as the former, and to-day the entire Army has as thoroughly an appointed medical corps as any army of modern times. The Surgeon-General does the medical staff but simple justice when he commends it for its efficiency.

During the past year our military hospitals have gradually increased in number and extent, until they form a grand and imposing system such as has never before been witnessed. The aggregate of sick is now never below 50,000, and has reached the enormous figure of 90,000. These hospitals are under the immediate supervision of the Surgeon-General, and are gradually becoming perfected in all their arrangements, so as to present a uniform system of management.

The Sanitary Commission, the development and direction of which our profession may justly claim, has greatly increased its means of usefulness, and has correspondingly enlarged its sphere of duties during the past year. The munificent donations to its funds of the citizens of California, amounting in the aggregate to half a million of dollars, has contributed, in connexion with its other sources of supply, to render it as effective in all its operations, as any arm of the public service. Its charities have been extended to the remotest and most obscure soldier, whether in the field or hospital. It is the first to scent the battle afar off, and with that flexibility and alacrity which characterizes true and unrestrained charity, it has been the first to raise the stricken soldier, to bind up his wounds, and administer reviving draughts. During the whole eventful campaign of the Peninsula, the Commission was foremost in supplying necessaries to the sick and wounded, and in transporting them to their proper destination. In all the sanguinary battles in the West, its agents were first on the field, and with abundant stores relieved the immediate suffering. In addition to the former labors of the Commission, it has now undertaken a system of hospital inspection which is resulting in far more thorough hospital management. Old abuses are being reformed, incompetent officers are being sifted from the service, and vigilance is now apparent in every department of our hospitals. The Directory of Hospitals, which we noticed a week or two since, is one of the most recent acts of the Commission, and is a great public convenience. In a number of ways which we need not mention, this great almoner of public charity is still extending its usefulness. If war shall be the business of the coming year, we trust the Sanitary Commission will be as liberally sustained as during the past.

The re-organization of the Medical Department of the army was happily effected in the early part of the year, and the good results have been incalculable. The important precedent is now firmly established, that its chief officer shall be selected on account of merit and qualifications, and not on the score of his age. The vigor and efficiency which **GENERAL HAMMOND** has infused into every branch of the medical service are sufficient evidence that this was a vital element of the reform sought. The Medical Staff also gained rank, which has given it a more respectable, as well as commanding position. Finally, not only has the Staff been increased, and thus rendered more nearly adequate to the service, but the important department of sanitary inspection was organized with a corps of inspectors comprising some of the most experienced medical officers in the service. This bureau, under the direction of **COL. PERLEY**, has, we learn, "been productive of excellent results." We must not omit to mention the higher grade of educational qualification which the Surgeon-General now demands of the candidates for appointment in the staff. No incompetent person can pass the ordeal which is now established, and few will be disposed to make the attempt. It is apparent, therefore, that the reform in the Medical Department of the army is an important event in the medical history of the year. Hereafter it will annually take a higher and still higher rank, and will yet be recognised and appreciated as one of the most important branches of the public service.

It would be pleasant to extend to our "Southern brethren" the courtesies of the season, and learn the state of the medical sciences in that tabooed region yclept "the Southern Confederacy." But the land and water blockade is so effectual, that we are as ignorant of the medical affairs of C. S. A. as of Japan. Occasionally we see an old, familiar name among army news, but it disappears for ever in the impenetrable gloom that overhangs that devoted country. We inquire in vain for its medical periodicals and its medical colleges. A London contemporary has, indeed, noticed the second edition of a work on Military Surgery, by our former correspondent, **PROF. CHISHOLM**, of Charleston, S.C., issued at Richmond. This is the only contribution to medical literature in the Southern States, of which we have any knowledge.

Since the commencement of the rebellion, with the exception of the American Medical Association, the medical societies, State and local, have exhibited commendable activity. They have all had their stated meetings, and the discussions have, in general, been unusually interesting. In our opinion, the National Association, the parent society, should have held its annual meeting, but the Committee determined otherwise. The same reasons which then influenced them to adjourn the meeting another year, still exist, and in threefold intensity.

Medical publishing has suffered even greater depression, than during the preceding year. Periodical literature has been but poorly sustained, and the pressure which scarcity in paper now produces, threatens complete suspension. But few books have been issued, and those, almost without exception, have been small works on military surgery.

The Medical Schools are very well sustained, and in some instances largely increased classes have been the result of the demand which the army and navy are now constantly making upon the profession.

The *Necrological Record* embraces many well known names in the profession. **Bell** of Mass., **Cooper** of Cal., **Sanborn** of Vt., **White**, and many others of the army, deserve the most honorable mention.

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THE WEEK.

We are glad to learn from various sources, that at the recent battle of Fredericksburg, the ambulance and hospital arrangements of **Dr. Letterman**, Medical Director, were admirably carried out, and resulted in the prompt succor of the wounded. The system which he devised, and which we published recently, deserves the attention of the medical directors throughout the army.

The following is Senator **Wilson's** bill to facilitate the discharge of disabled soldiers from the army, and the inspection of convalescent camps and hospitals:

"*Be it enacted*, That there shall be added to the present Medical Corps of the army two Medical Inspector-Generals, and eight Medical Inspectors, who shall, immediately after the passage of this act, be appointed by the President, by and with the advice and consent of the Senate, by selection from the Medical Corps of the army, or from the surgeons in the volunteer service, without regard to their rank when so selected, but with sole regard to qualification, and who shall have the rank, pay, and emoluments now authorized by law to officers of those grades.

"Sec. 2. That the officers of the Medical Inspectors' Department shall be charged, in addition to the duties now assigned to them by existing laws, with the duty of making regular and frequent inspections of all military general hospitals and convalescent camps, and shall upon each such inspection designate to the Surgeon in charge of such hospitals or camps all soldiers who may be, in their opinion, fit subjects for discharge from the service, on Surgeon's certificate of disability, or sufficiently recovered to be returned to their regiments for duty; and the medical inspecting officers are hereby empowered, under such regulations as may be hereafter established, to direct the return to duty or the discharge from the service, as the case may be, of all soldiers designated by them."

The bill has been amended in the Senate so as not to limit the selection of medical inspectors to the army.

Army Medical Intelligence.

(CIRCULAR No. 18.)

Surgeon-General's Office,
Washington, December 5, 1862.

1. The attention of medical directors is called to the numerous cases of neglect in the transmission of the Weekly Report of Hospitals, and the Monthly Report of sick and wounded.

In future they will require medical officers in charge of hospitals to forward to their office the Weekly Hospital Report, on the last day of each week; and they will promptly forward them to this office, accompanied by a list of such officers as have neglected this duty.

They will also require the Monthly Report of sick and wounded to be forwarded to them, and will transmit them to this office, duly filled up, as to date and place, and also accompanied by a list of names of those officers who may have failed to forward these required reports.

Medical directors will see that the surgeons under their direction are kept duly supplied with blank forms necessary for the above reports.

2. Medical directors having supervision of several General Hospitals, will require from the surgeon in charge of each hospital, daily report of such changes as may have taken place during the preceding day. This report will state the name, company, and regiment of each soldier admitted, returned to duty, discharged, transferred to other hospitals, died, etc., etc., and these names will, from time to time, be recorded in a book kept for that purpose in the office of the medical director.

Every facility will be afforded the agents of the Sanitary Commission, and the friends of sick and wounded soldiers, in procuring such information concerning the inmates of hospitals, as they may, from time to time, desire.

3. Surgeons in charge of General Hospitals will, upon receipt of this circular, report to the commanders of companies the names of any soldiers of their company deceased, or discharged from the service, while in their hospital, and concerning whom these reports have not been duly made.

These reports will strictly conform to paragraphs 152 and 170, General Regulations, to which, for the future, particular attention must be paid.

4. Persons detailed for duty in any capacity in General Hospitals, by medical officers in charge, without proper authority, will not be recognised at this office as hospital employés, and medical officers so employing them will be personally responsible for the wages due them.

They will also be held pecuniarily responsible for any payment over their signature made to cooks and laundresses in excess of the number authorized by regulations to the hospital under their charge.

5. Medical officers are explicitly informed that regulations on the above subjects have been written and published to be observed by them, and the various infractions which, from time to time, they have allowed themselves to make, have not been overlooked in the past, nor will be for the future.

W. A. **Hammond**, Surgeon-General.

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Surgeon C. H. Laub, U. S. A., lately Medical Purveyor in Washington, has arrived at St. Louis, Mo., and been assigned to duty as Medical Inspector, District No. 1, Department of the West.

Ass't Surgeon Peter Cleary, U. S. V., to the camp of paroled and exchanged prisoners, Alexandria.

Ass't Surgeon S. M. Horton, U. S. A., to the 3d U. S. Cavalry, St. Louis, Mo.

Ass't Surgeon B A. Clements, U. S. A., to duty in the Office of the Medical Director, Army of the Potomac.

Ass't Surgeons James L. Adams and A. S. Coleman, 5th Michigan Vols. and 2d Penn. Reserve Corps, respectively to report in person for duty to the Medical Director in Washington, D. C.

Ass't Surgeon E. M. Hunt, 29th N. Y. V., has been directed to rejoin his regiment immediately.

Medical Inspector L. Humphreys, U. S. A., and Assistant Surgeon Julius Brey, 25th Missouri Vols., to report in person to Assistant Surgeon-General Wood, at St. Louis, Mo.

Surgeon A. Crispell, U. S. V., has been relieved from duty as Health Officer at Hilton Head, S. C., and assigned to detachment 1st Mass. Cavalry.

Ass't Surgeon W. F. Cornick, U. S. A., has been placed on duty in Washington, D. C., as assistant to Surgeon M. Clymer, U. S. V., Attending Surgeon for officers of volunteers in the city.

Asst't Surgeon C. T. Alexander, U. S. A., has relieved Surgeon Ira Russell, U. S. V., in the supervision of the Lawson Hospital, St. Louis.

Surgeons Henry I. Churchman and Ira Russell, U. S. V., have been ordered to report to the Medical Director, Army of the Frontier.

Surgeon O. M. Bryan, U. S. V., has been placed at Los Pinos, near Peralta, N. M.

Surgeon T. G. Catlin, U. S. V., is on leave of absence at Brooklyn, N.Y., and has been directed to report to the Assistant Surgeon-General, St. Louis.

Surgeon Francis Salter, U. S. V., has been assigned to duty with General Crook, commanding 1st Kanawha Division, Western Virginia.

Ass't Surgeon C. C. Dumreicher, U. S. A., has arrived at San Francisco, Cal., en route to Camp Pickett, San Juan island.

Surgeon D. W. Hartshorn, U. S. V., has been assigned to duty as Medical Director, 1st Division, Right Wing, Army of the Tennessee, in the field.

Surgeon F. M. Heister, U. S. V., has been placed on duty as Medical Inspector, Department of the Ohio.

Ass't Surgeon A. Majer, U. S. A., has taken charge of General Hospital No 5, Beaufort, S. C.

Surgeon George Hammond, U. S. A., has been ordered to report to Assistant Adjutant-General Cresswell, to examine drafted men at the county seat of Calvert Co., Md.

Surgeon S. M. Hamilton, U. S. V., has been placed in charge of General Hospital, Gallatin, Tennessee.

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